Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, November 16, 2018 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Director Layla P. Suleiman Gonzalez, PhD, JD (2)

Board Chair M. Hill Hammock (ex-officio) and Director Mary B. Richardson-Lowry

Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: Mary Driscoll, RN, MPH (1)

Additional attendees and/or presenters were:

Oluwatoyin Adeyemi, MD - Senior Director of HIV Services
Debra Carey – Deputy Chief Executive Officer, Operations
Linda Follenweider – Cermak Health Services of Cook County
Kent Ray –Associate General Counsel
Deborah Santana – Secretary to the Board
Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates
B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

Board Chair Hammock inquired whether there are other measures that should be added for the Board's benefit, or whether the metrics as presented are considered to be complete. Additionally, he recommended that the metrics as presented be split amongst three (3) pages, for better visibility. Dr. Wyatt responded that staff are working on another dashboard with different indicators; when that work is complete, he plans to share that with the Committee.

During the discussion of the Utilization metrics, Director Richardson-Lowry stated that it would be good to have a discussion, particularly by the 2nd quarter of next year, where Dr. Wyatt would present and give details around some of the incremental changes that have been made towards improvement, and those changes anticipated being made in the future; additionally, she is interested in hearing about some of the areas where improvement is a challenge. She also sees this as an area impacted by cultural competency and social determinants, so she is interested in hearing his perspective on what the organization can do there.

III. Report from Chief Quality Officer (continued)

Director Suleiman Gonzalez noted that cultural competence comes up in different ways and in different conversations; she wondered if there is a way to figure out an index that allows for tracking to determine whether cultural competence may be playing a role in impacting these indicators.

C. Report from Infection Prevention (Attachment #2)

Dr. Wyatt provided an overview of the Report from Infection Prevention, which included information on the following subjects:

Stroger Hospital – Goals, Gaps/Barriers/Best Practice, Corrective Measures for:

- Central Line Associated Bloodstream Infections (CLABSIs)
- Catheter-Associated Urinary Tract Infections (CAUTIs)
- Ventilator-Associated Events (VAEs)
- Infection-Related Ventilator Associated Complication and Possible Ventilator-associated Pneumonia (IVAC Plus)
- Surgical Site Infections (SSIs)
- Healthcare Facility Onset Clostridium difficile
- Healthcare Facility Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia
- Carbapenem-Resistant Enterobacteriaceae
- Hand Hygiene
- Infection Prevention and Control Dashboard

D. Report on HIV Services (Attachment #3)

Dr. Oluwatoyin Adeyemi, Senior Director of HIV Services, provided an overview of the Report on HIV Services, which included information on the following subjects:

- The HIV Care Continuum
- Getting to Zero Illinois
- Cook County CORE HIV Integrated Programs (CCHIP):
  - Organizational Goals
  - Demographics
  - Quality Plan
- Patient Satisfaction Surveys
- Retention in Care and Viral Suppression
- HIV (Non-ACHN) Screening Initiatives

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for the Committee's consideration.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

i. Receive reports from EMS Presidents
ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, were not present and did not provide a report.

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, October 19, 2018

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of October 19, 2018. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes
B. Litigation Matter(s)
C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(**1**), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(**11**), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(**17**), regarding "the recruitment, credentialing, discipline

V. Closed Meeting Items (continued)

or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body."

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Gugenheim and Director Suleiman Gonzalez (2)
Nays: None (0)
Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Request: A request made for the metrics to be enhanced for better visibility. (Page 1)

Follow-up: A request was made for a future discussion (by 2nd quarter of 2019) on incremental changes that have been made or are anticipated regarding improvement of Utilization metrics. (Page 2)

Follow-up: A suggestion was made to develop an index that allows for tracking to determine whether cultural competence may be playing a role in impacting the indicators. (Page 2)

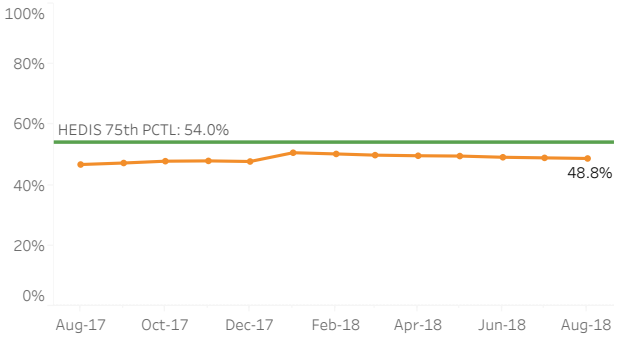
ATTACHMENT #1

COOK COUNTY HEALTH Quality Dashboard

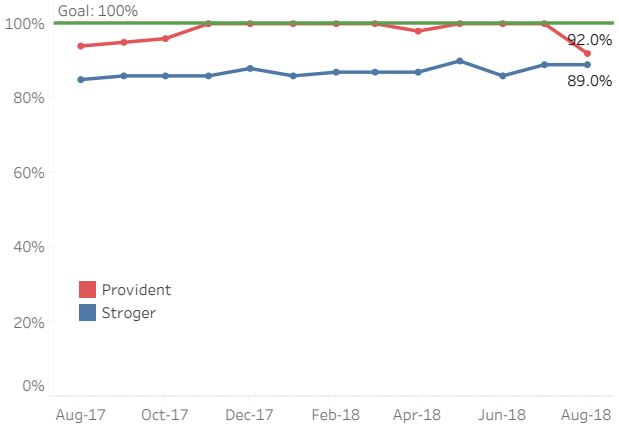
November 16, 2018

Health Outcomes

HEDIS - Diabetes Management: HbA1c < 8%

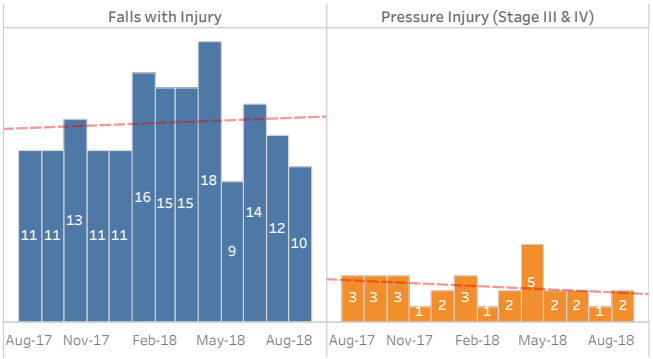


Core Measure-Venous Thromboembolism (VTE) Prevention

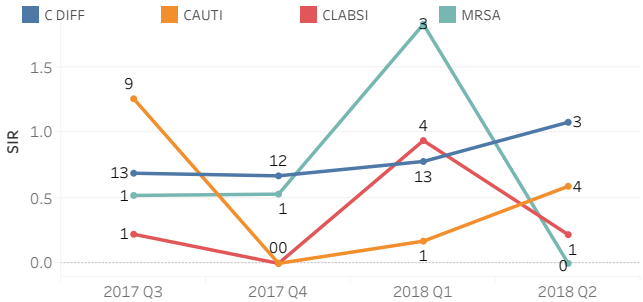


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

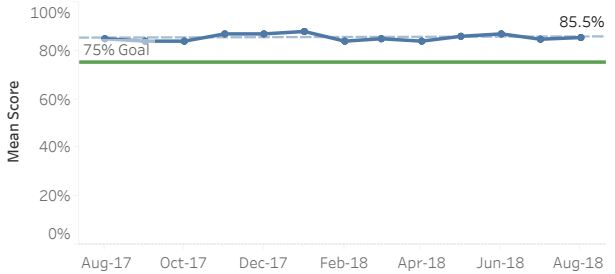


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed that predicted.

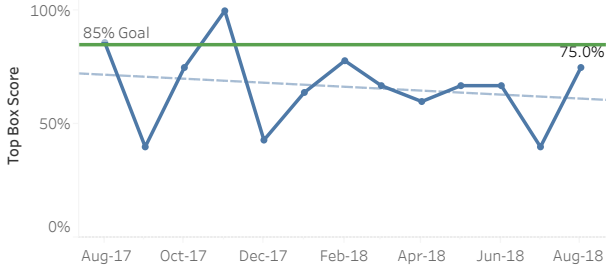
Readmission Rate Placeholder

Utilization

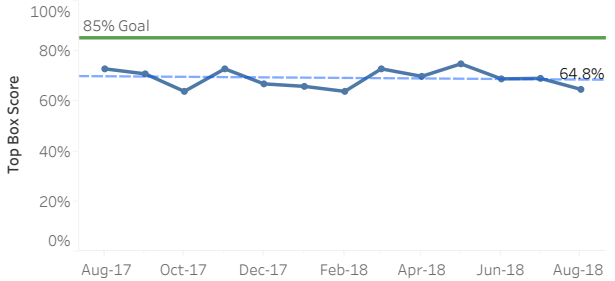
ACHN--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



ATTACHMENT #2

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Quality and Patient Safety Committee
Infection Control Report

November 16, 2018

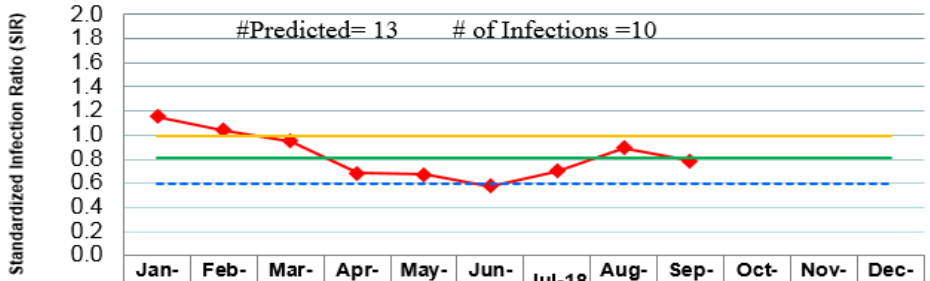
Sharon F. Welbel, MD, HEIC, System Director

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

John H. Stroger, Jr. Hospital of Cook County

JSHCC Central Line Associated Bloodstream Infections (CLABSI)

January 2018-December 2018



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
# CLABSI	2	1	1	0	1	0	2	3	0			
JSHCC SIR*	1.15	1.04	0.95	0.69	0.67	0.58	0.70	0.89	0.79			
Goal	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
State SIR	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82
Nat'l SIR	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR >1.0 indicates more HAIs were observed than predicted, conversely, SIR of <1.0 indicates that fewer HAIs were observed than predicted.

* **Cumulative Results**

Source: Infection Prevention and Control Dept.

Goals

Baseline SIR =1.1

Reduce CLABSI by 40% (SIR=0.6) by the end of 2018

Goal not met but below benchmarks, SIR 0.79

Illinois SIR=0.82
Nat'l. SIR=0.99

Gaps/Barriers/Best Practice

Gaps/Barriers:

- Lack of consistent use of CHG (Chlorhexidine gluconate)
- Catheter hubs not disinfected
- Daily assessment for catheter need

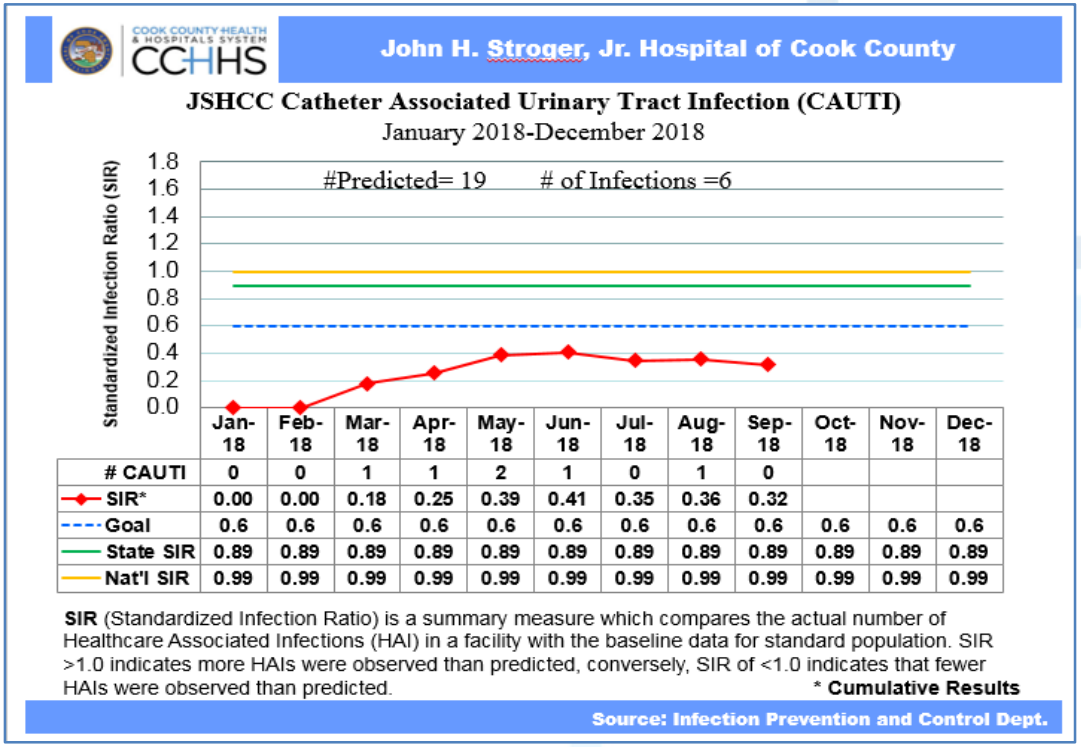
Best Practices:

- Decrease central line use
- Use of midline vs. central line
- Restricted blood draw from PICC(peripherally inserted central

Corrective Measures

- Feedback to leadership and units
- Educate staff /patients
- Monitor use of CHG bath and need for central lines
- Scrub the Hub/Multi-use vial campaign
- Restrict residents from accessing central lines

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS



Goals

Baseline SIR =1.4

Reduce CAUTI by 40%
(SIR 0.60) by the end of 2018

Goal met
SIR 0.32

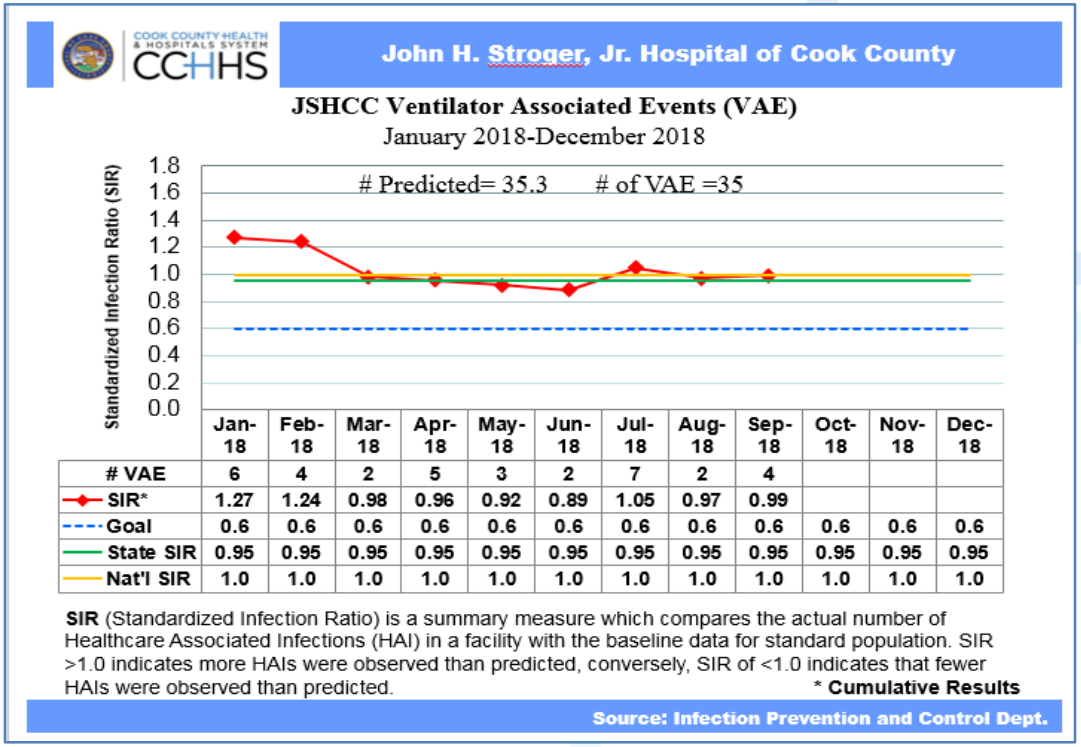
IL SIR=0.89
Nat'l. SIR=0.99

Gaps/Barriers

- Inconsistent daily assessment for catheter need
- Inconsistent use of CHG bath
- Poor documentation (insertion location-present on admission, discontinuation, care and maintenance.)

Corrective Measures

- Feedback to leadership and units
- Patient education
- CAUTI Prevention-Nursing Fair
- Daily assessment of catheter need
- Monitor CHG bath and use and maintenance of catheters
- Implemented all-in-one catheter kit
- Bladder scanners available



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
# VAE	6	4	2	5	3	2	7	2	4			
SIR*	1.27	1.24	0.98	0.96	0.92	0.89	1.05	0.97	0.99			
Goal	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
State SIR	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Nat'l SIR	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

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* **Cumulative Results**

Source: Infection Prevention and Control Dept.

Goals

Reduce VAE by 40% (SIR 0.60) by the end of 2018.

Goal not met but within benchmarks
SIR 0.99

State=SIR 0.95
Nat'l. = SIR 1.0

Gaps/Barriers

- Inadequate implementation of best practices to prevent ventilator associated events
- Complex patient risk factors- BICU and MICU patients

Corrective Measures

- Feedback to leadership & staff
- Staff /Patient education
- Implemented VAP Bundle with ICU staff:
  - Avoid intubation if possible
  - Sedation holiday/daily assessment regarding extubation
  - Early mobility/Elevate head of bed
  - Chlorhexidine oral care
  - Closed/in-line suctioning
  - Change circuit only if soiled

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

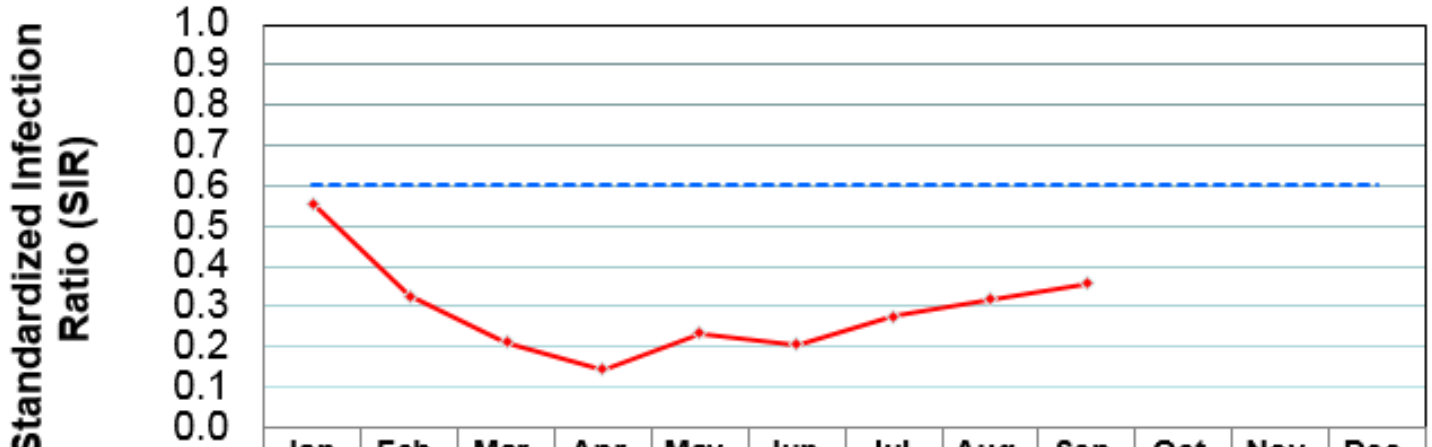
John H. Stroger, Jr. Hospital of Cook County

IVAC Plus

(Infection-Related Ventilator Associated Complication + Possible Ventilator Associated Pneumonia)

January 2018 - December 2018

Predicted= 14 # IVAC Plus= 5 SIR =0.35



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
# IVAC Plus	1	0	0	0	1	0	1	1	1			
SIR*	0.56	0.33	0.21	0.14	0.23	0.20	0.28	0.32	0.36			
Goal	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6

SIR= Standardized Infection Ratio=is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR >1.0 indicates more HAIs were observed than predicted, conversely, SIR of <1.0 indicates that fewer HAIs were observed than predicted.

NHSN- National Healthcare Safety Network

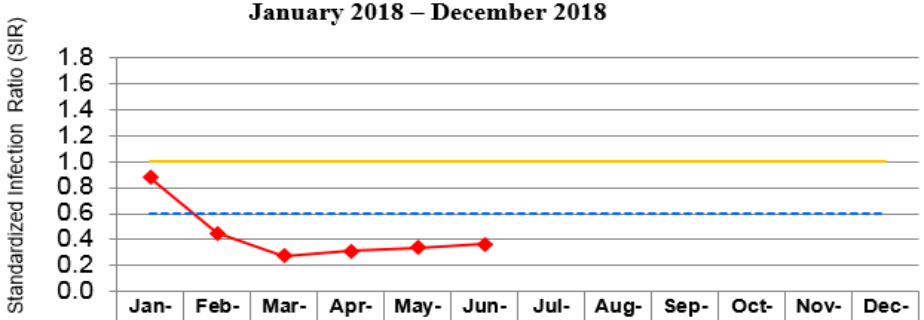
*** Cumulative Results; 2015 Baseline**

Source: Infection Prevention and Control Dept.

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

John H. Stroger, Jr. Hospital of Cook County

All (SSI) Surgical Site Infections (CABG, COLO Sx, THA, TKA, HYST)
January 2018 – December 2018



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
# SSI	2	0	0	1	1	1						
JSHCC SIR*	0.88	0.45	0.28	0.31	0.34	0.36						
Goal SIR	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Nat'l SIR	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR >1.0 indicates more HAIs were observed than predicted, conversely, SIR of <1.0 indicates that fewer HAIs were observed than predicted.

* **Cumulative Results**

Source: Infection Prevention and Control Dept.

Goals

Reduce Surgical Site Infections by 40% (SIR-0.60) by the end of 2018

Goal met
SIR 0.36

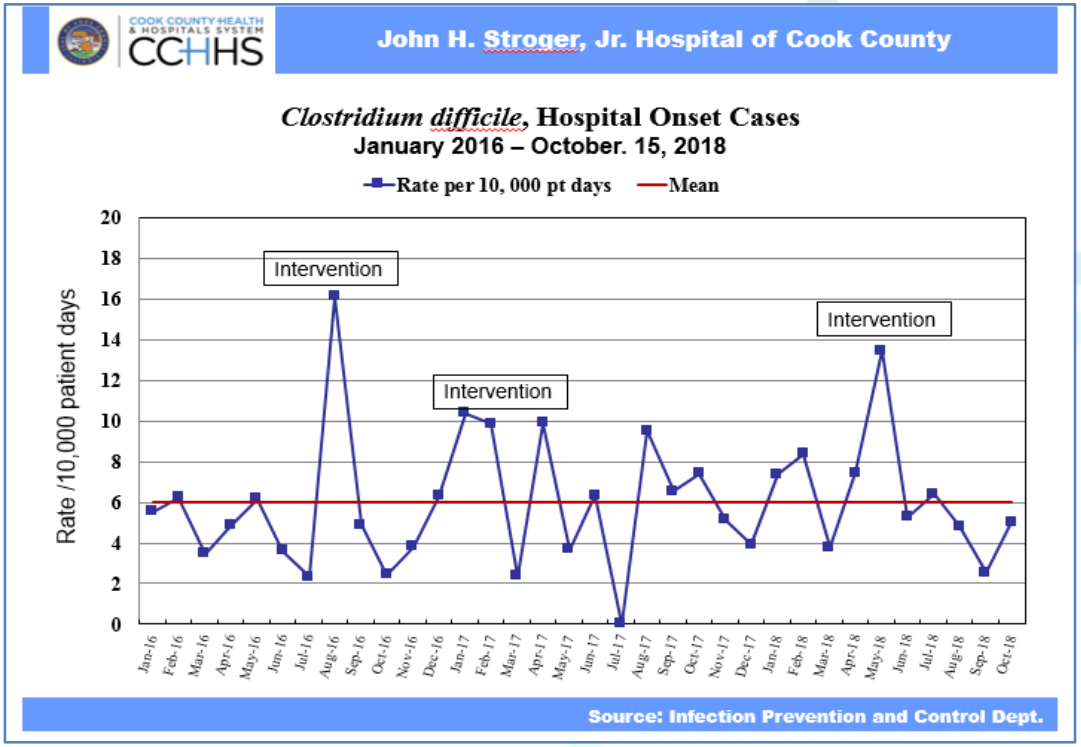
State=Colon SIR 0.90,
Hyst=0.83
Nat'l. = All SSI SIR 1.0

Gaps/Barriers

- Need for more comprehensive surveillance (i.e. use of diagnosis codes, electronic query, readmission status, ID consults, culture results).
- Patient risk factors include morbid obesity, length of surgery, co-morbidities

Corrective Measures

- Feedback to leadership & staff
- Staff /Patient education
- Implemented CHG bathing
- Provided oversight of cleaning disinfection and sterilization
- Monitor storage of sterile equipment/ supplies, & processes /procedures system wide.
- Enhanced surveillance



Goals

Reduce C-difficile acquisition by 40% (SIR=0.6) the end of 2018.

Goal not met
SIR 0.81, but lower than benchmarks.

Illinois SIR= 1.0
Nat'l SIR=0.99

Gaps/Barriers

Gap Analysis:

- Increased hospital onset C-difficile in May 2018 (11 cases).
- Increased colonization pressure/ incidence density thus increased possibility of transmission.
- Risk factors; antibiotic use, commode use, common staff, ICU exposure
- Lapses in cleaning and disinfection practices/use of bleach and equipment e.g . toilet brush

Corrective Measures

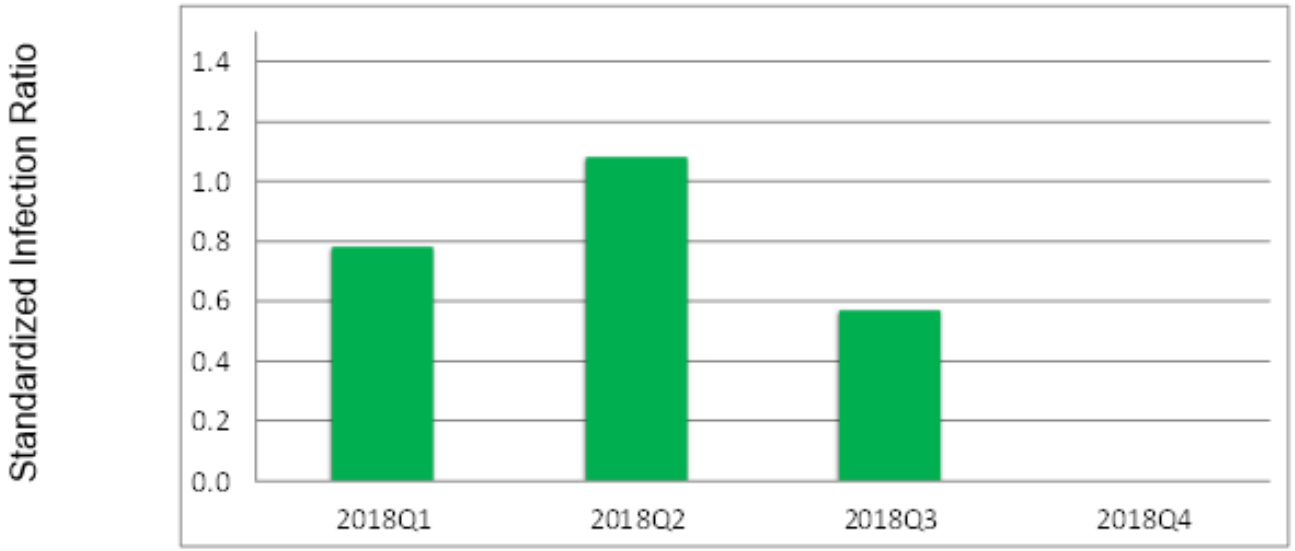
- Feedback to leadership and staff.
- Use of bleach disinfectants.
- Cleaning process and use of disposable toilet brush reviewed with Env. Service
- Automated isolation orders.
- Staff and Environ. Services education
- CDI cases reported daily to EVS
- Antimicrobial Stewardship

John H. Stroger, Jr. Hospital of Cook County

Healthcare Facility Onset *Clostridium difficile*

Standardized Infection Ratio (SIR) , 2018

JSHCC =0.81 Illinois=1.0 USA=0.92



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2106 SIR Source: Hospital Compare Report

Source: Infection Prevention and Control Dept.

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

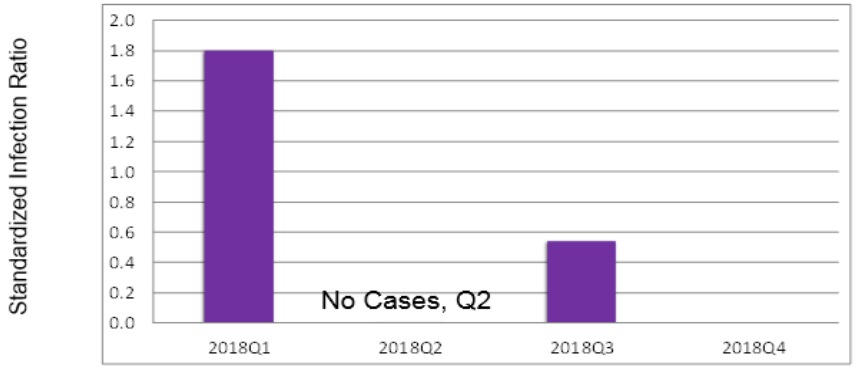
COOK COUNTY HEALTH

John H. Stroger, Jr. Hospital of Cook County

Healthcare Facility Onset *MRSA* Bacteremia

Standardized Infection Ratio (SIR) , 2018

JSHCC =0.84 IL=0.81 USA =0.99



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2106 SIR Source: Hospital Compare Report

Source: Infection Prevention and Control Dept.

Goals

Reduce MRSA acquisition by 40% the end of 2018

Goal not met but within benchmarks
SIR 0.84

Illinois SIR=0.81
USA SIR=0.99

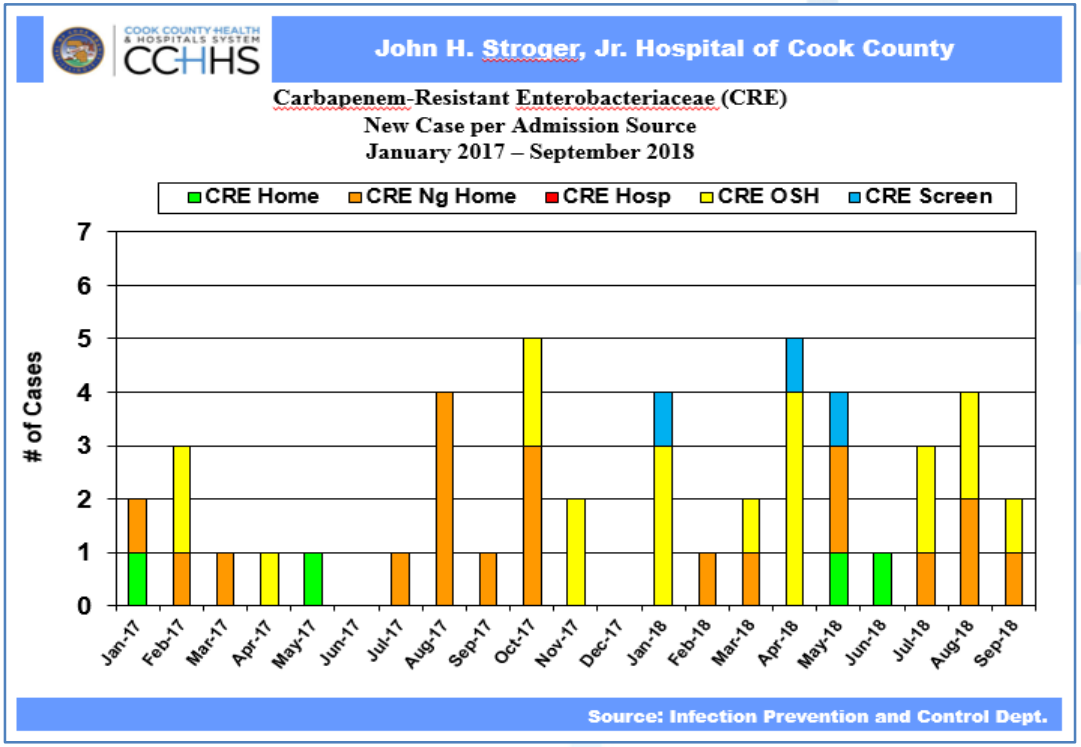
Gaps/Barriers

- Four cases of MRSA bacteremia, also positive from other body sites.
- No cases during 2nd quarter.
- Need to continue MRSA screening upon ICU admission as required by law

Corrective Measures

- Feedback to leadership and staff
- Staff /Patient education
- Cleaning/disinfection and use of dedicated equipment
- Automated orders for screening and isolation
- Continue monitoring for infection control practice.
- CHG bathing protocol

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS



Goals

No CRE healthcare associated transmission by the end of 2018

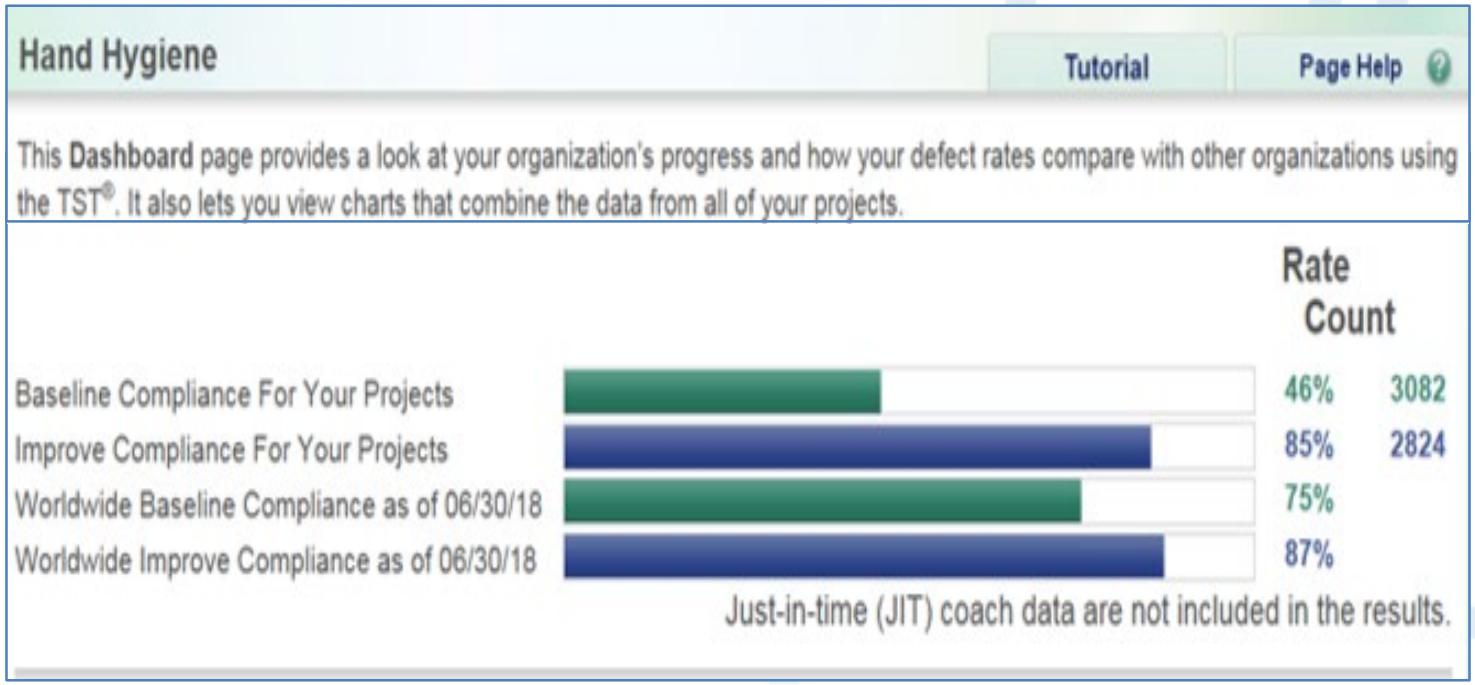
Goal met
No hospital onset cases

Gaps/Barriers

- Increased number of cases admitted from nursing home and outside hospital
- Need timely CRE screen on admission
- Three positive cases identified during CRE screen
- Lack compliance of infection control practices, cleaning, and disinfection

Corrective Measures

- Feedback leadership and staff
- Staff /Patient education
- Automated orders for screening and isolation, CHG bathing protocols
- Cleaning/disinfection and use of dedicated equipment
- Endoscope quarantine and culture
- XDRO registry reporting/alerts
- New surface disinfectants



Goals

Improve hand hygiene compliance rate from 72% to 100% by the end of 2018

Goal not met
Compliance Improved to 85%

Gaps/Barriers

- Limited observation data
- Only 35% of patient care units are reporting observations
- Common defects identified; improper glove use, frequent exit and entry, follow exit and entry, hands full of supplies
- Lack of consistent staff/leadership support

Corrective Measures

- The Joint Commission targeted solutions tools (TST)- implemented system wide
- Collaborate with other disciplines about improvement initiatives
- Product/Placement audit
- Academic detailing/Hand Hygiene Fair
- Visual cues/education

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Infection Prevention and Control Dashboard

John H. Stoger Hospital of Cook County

Number of Healthcare-Associated Infections (HAI), By Hospital Ward, 2018

Unit	CLABSI				CAUTI				CDI				MRSA				VAE				IVAC Plus			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4EBW	0	0	0		0	1	0		1	0	0		0	0	0									
6 East	0	0	0		0	0	0		0	2	1		0	0	0									
6 South	1	0	0		0	0	0		2	1	0		0	0	0									
6 West	0	0	0		0	1	0		0	2	0		0	0	0									
7 East	0	0	0		0	0	0		3	0	0		0	0	0									
7 South	0	0	0		0	0	0		2	3	3		0	0	0									
7 West	0	0	0		0	0	0		0	1	1		0	0	0									
8 East	0	0	0		0	0	0		2	2	2		0	0	0									
8 South	0	0	0		0	0	0		1	1	0		0	0	0									
8 West	0	0	0		0	0	0		2	1	3		0	0	0									
Peds North	0	0	1		0	0	0		0	0	0		0	0	0									
PICU	0	0	0		0	0	0		0	0	0		0	0	0									
NICU	0	0	0										0	0	0									
Burn ICU	0	0	1		0	1	0		1	2	0		2	0	0		2	2	5		1	0	2	
CCU	0	0	0		0	0	0		0	0	0		0	0	0		1	0	0		0	0	0	
MICU	2	0	1		0	0	0		1	4	1		0	0	0		7	7	3		0	1	0	
Neuro ICU	0	0	0		0	1	0		0	0	0		0	0	0		0	0	1		0	0	1	
SICU	1	0	2		0	0	0		0	2	0		1	0	0		1	1	2		0	0	0	
Trauma ICU	0	1	0		1	0	1		0	1	0		0	0	0		1	0	2		0	0	0	
Total JSHCC	4	1	5		1	4	1		15	22	11		3	0	0		12	10	13		1	1	3	

Number of HAI is **LOWER** (better) than similar units in the country

Number of HAI is **HIGHER** (worse) than similar units in the country

CLABSI=Central Line-Associated Blood Stream Infection

CAUTI= Catheter-Associated Urinary Tract Infection

CDI= Clostridium difficile Infections (Hospital-Onset)

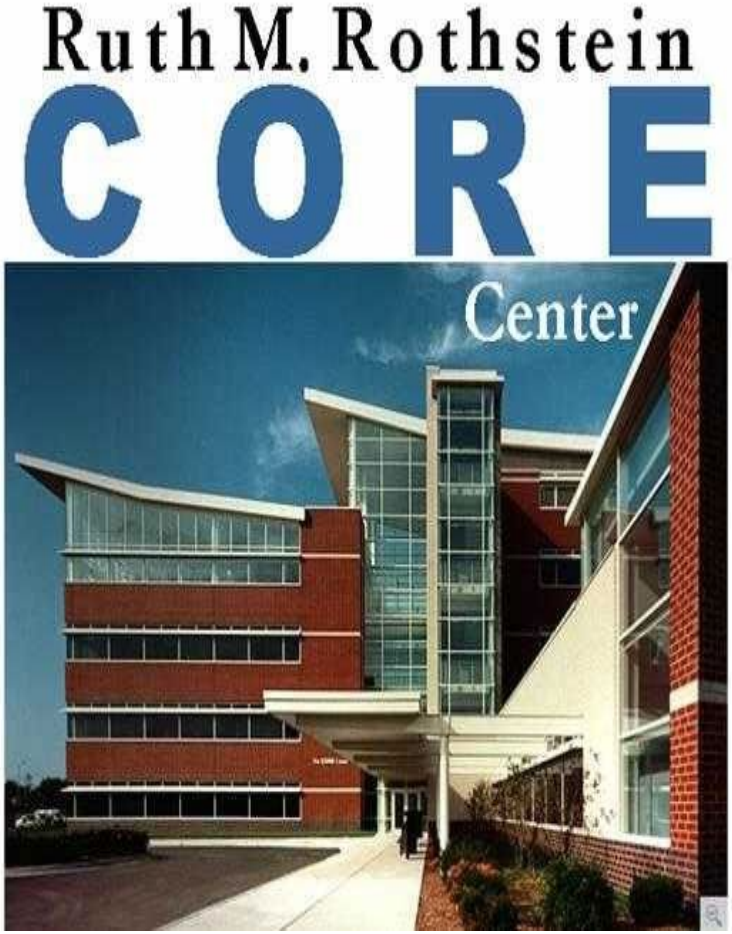
MRSA= Methicillin Resistant *Staphylococcus aureas* (Hospital-Onset Bacteremia)

VAE=Ventilator-Associated Event

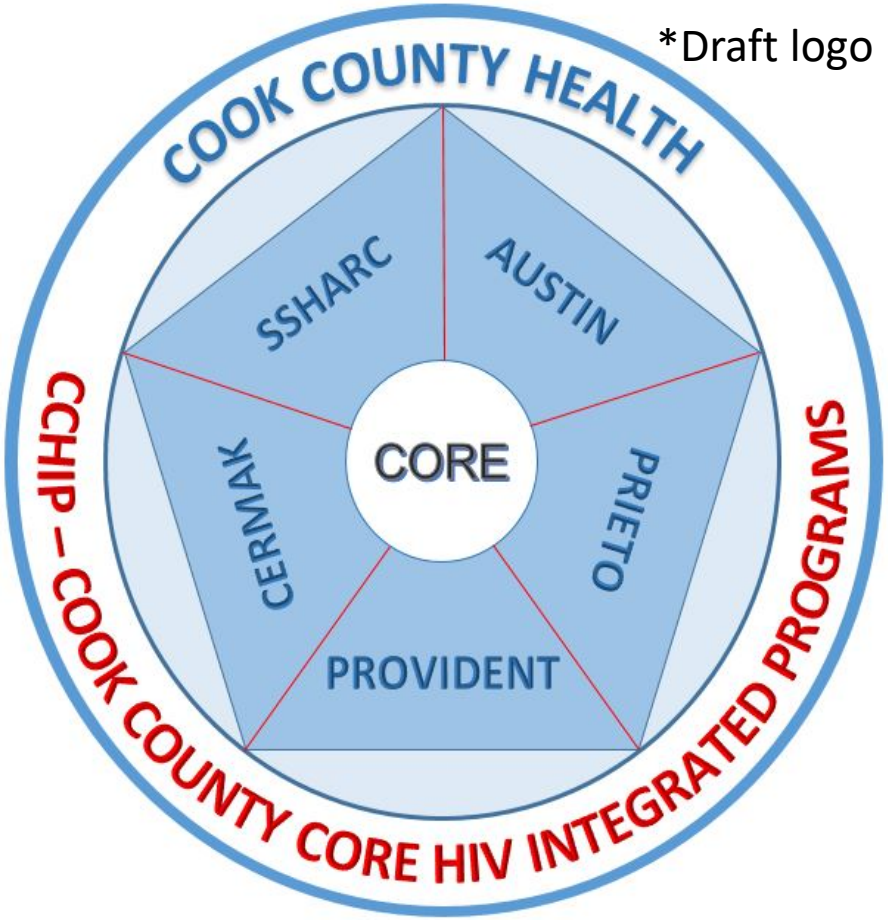
IVAC Plus=Infection-Related Ventilator Asociated Condition + Possible Ventilator-Associated Pneumonia

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

ATTACHMENT #3



*Draft logo



November 16, 2018
Quality and Patient Safety Committee Report

Oluwatoyin Adeyemi, MD – Senior Director HIV Services, Cook County Health

On behalf of:
Alice Cameron- System Program Director/Grants Administrator
Jennifer Catrambone – CORE Director of QI and Evaluation
Elexis Wright - System Data Analyst
Eduardo Mendoza-Data Manager 11, CORE

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

The HIV Care Continuum

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Getting to Zero Illinois (gtzillinois.hiv)

GOAL & VISION

We want to make sure that the HIV epidemic is no longer able to sustain itself by achieving both HIV prevention and access to care goals.

We want to see:

1. Zero new HIV transmissions

2. Zero people living with HIV who are not receiving treatment

Through increasing access and uptake of PrEP (pre-exposure prophylaxis), retaining more people living with HIV (PLWH) in care and the continued funding of ongoing supportive services, we can get to zero in Illinois by **2030.**

Cook County Health supports and is a partner in the GTZ Illinois initiative.

Cook County CORE HIV Integrated Programs (CCHIP) -WHAT DO WE WANT TO DO?

1

Improve Quality of Life (QOL) for People living with HIV

Earlier diagnosis, linkage to care, retention in care, viral suppression, managing co-morbidities-physical and mental health, healthy aging, addressing social determinants of health

2

Work towards ZERO NEW INFECTIONS

More people with undetectable viral loads (U=U), increase access to Pre-exposure prophylaxis (PrEP) community engagement, patient-centered research, strengthening collaborations, advocacy

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

CCHIP Organizational Goals

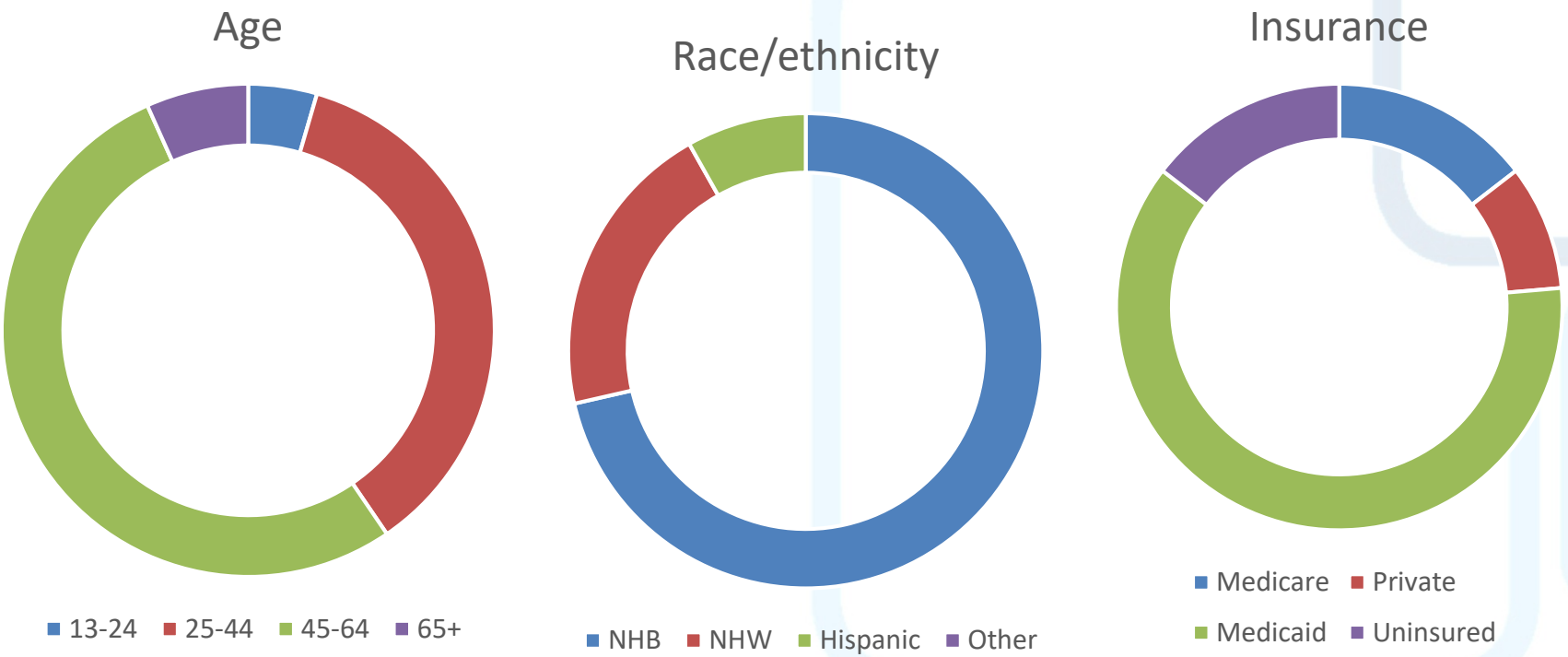
1. **CARE**
   Consistent patient-focused quality care across sites
2. **FACILITATE**
   Facilitate timely and reliable access to primary and specialty care for PLWH* and vulnerable populations; and maximize outreach across the system to improve reengagement in care
3. **RETAIN**
   Retain PLWH in care to maintain viral suppression
4. **SUPPORT**
   Engage and support ACHN staff to screen and connect patients to care
5. **ENGAGE**
   Engage community-based organizations to increase awareness and reduce stigma
6. **IDENTIFY**
   Identify program support needs at site level
7. **EXPAND**
   Expand PrEP services
8. **CONDUCT**
   Conduct patient-centered research
9. **ADVOCATE**
   Engage in advocacy for PLWH and vulnerable populations
10. **COLLABORATE**
    Partner with public health entities and health systems on a local, state and national level

*PLWH – People living with HIV/AIDS

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

CCHIP Demographics

(n=6271; 74% male, 81% ≤ poverty level)



CORE/CCHIP Quality Plan

- Understand how our patients feel about how we serve them,
  – CORE Patient Satisfaction Survey

- Measure Outcomes and Processes
- HRSA /HIVQual/NHAS measures (a few will be presented today)
  - -Retention in care
  - -Viral load suppression
  - -Screening for Hepatitis C
  - -Screening for STIs, other infectious diseases, cancer screening

Patient Satisfaction Surveys

Ruth M Rothstein CORE Center - Patient Satisfaction Survey - 2015

Please think about your visits to CORE over the last 12 months when you answer these questions. Your responses will be kept private, so please be honest!

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● **INCORRECT:** ⊘ ⊗ ◒ ◔

1. **I have received medical care here for...**
   (1) less than 1 year (2) 1-2 years (3) 3 to 5 years (4) more than 5 years

2. **I would rate my health today as...** (5) excellent (4) very good (3) good (2) fair (1) poor

3. **My last visit here was...** (1) less than 1 month ago (2) 1-2 months ago (3) 3-6 months ago (4) more than 6 mos. ago

Access to HIV Care (in the last 12 months...)

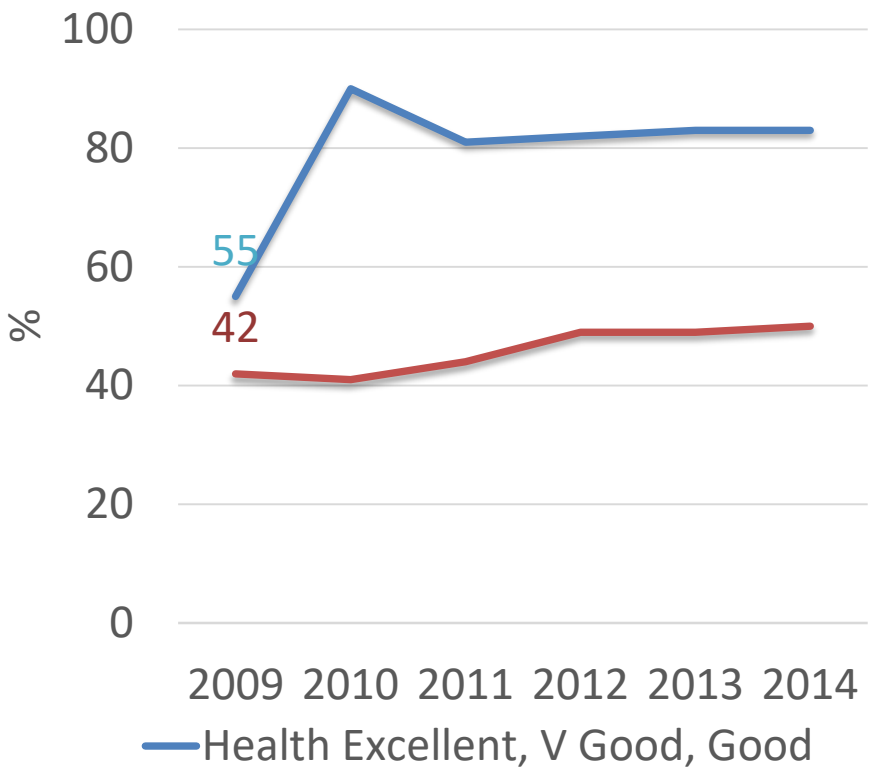
4. **Did you ever call CORE to make an appointment or talk to someone about your care?** (1) yes (2) no

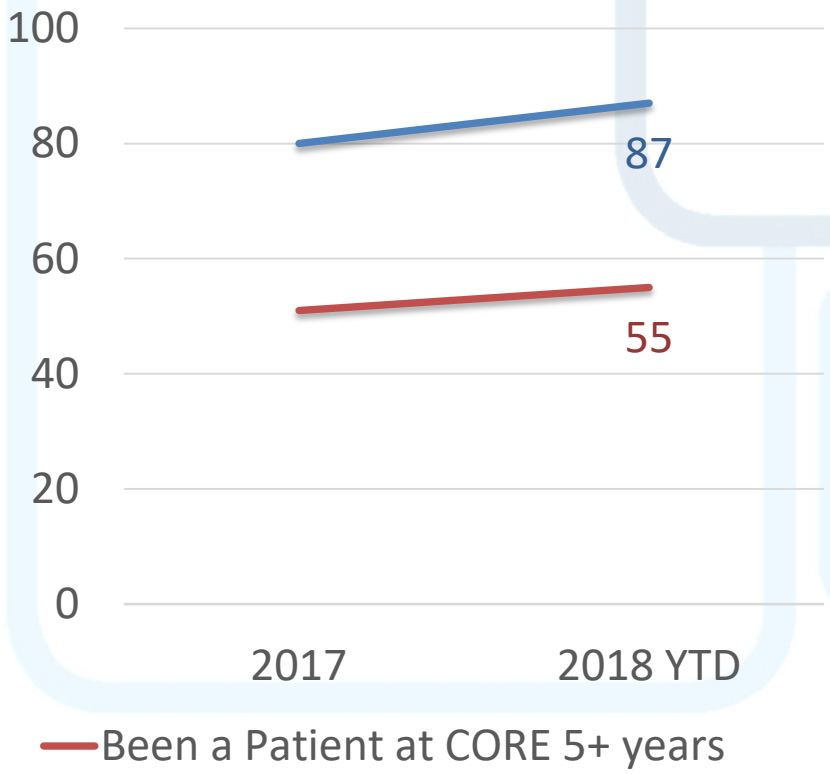
5. **If yes, what was it like when you called the clinic? (please select all that apply)**
   (1) I got the help I needed
   (2) I got a busy signal or was disconnected
   (3) I was put on hold too long
   (4) I left a message and no one called me back
   (5) The phone rang many times before it was answered
   (6) The person who answered the phone was unfriendly
   (7) I talked to several different people before talking to the right person

	all the time	most times	un-decided	rarely	never	NA
6. When I needed an appointment, I could schedule one soon enough for my needs.	(5)	(4)	(3)	(2)	(1)	(NA)

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

CORE Patient Satisfaction Survey
2009 – 2014, 2017 – 2018 (n=577)

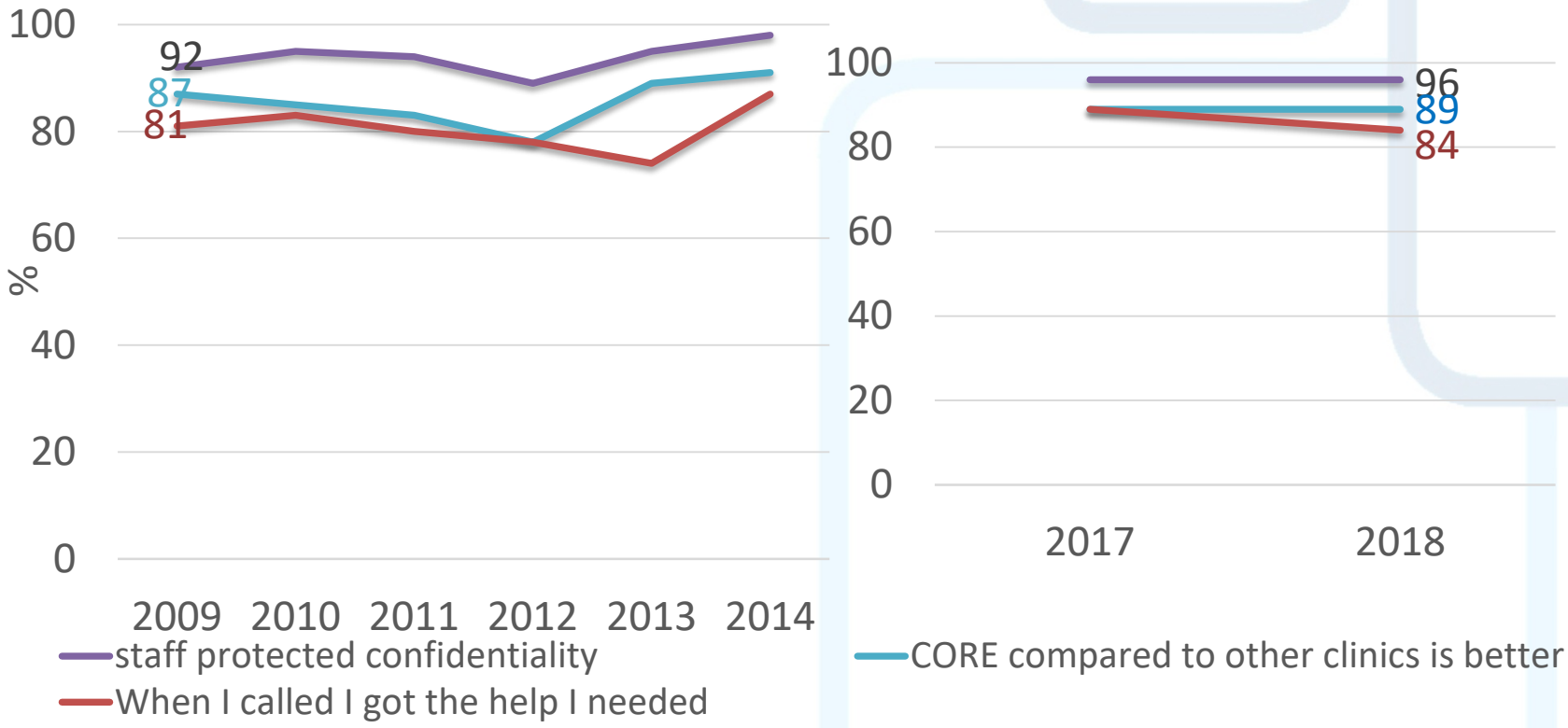




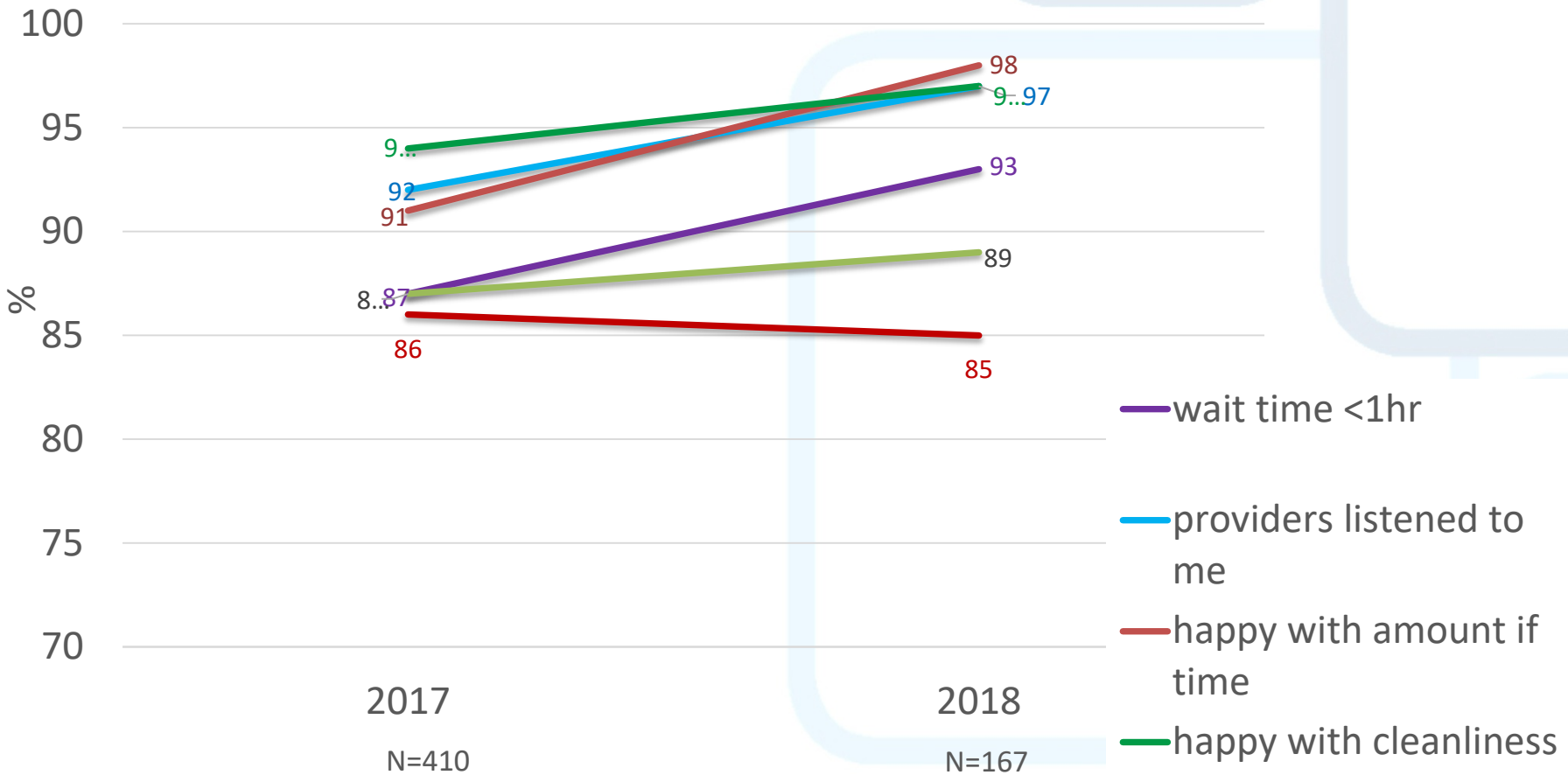
10

CORE Patient Satisfaction Survey

2009 – 2014 2017-2018 (n=577)



CORE Patient Satisfaction Survey 2017-2018YTD (N=577)



Patients thought we did great on…

Peer Services

Understand HIV: 90%

Overall: 98%

Lab Services

Wait time: 98%

Confidentiality: 96%

Professionalism: 98%

Registration

Two identifiers: 98%

Confidentiality: 98%

Kiosk System: 98%

Patients thought we could improve on…

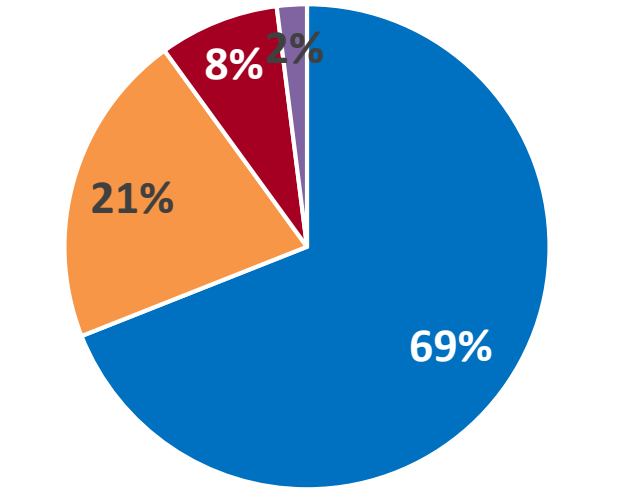
-Quality of Care compared to other clinics: 89%

- Changes in clinic flow are confusing, but staff is available to help

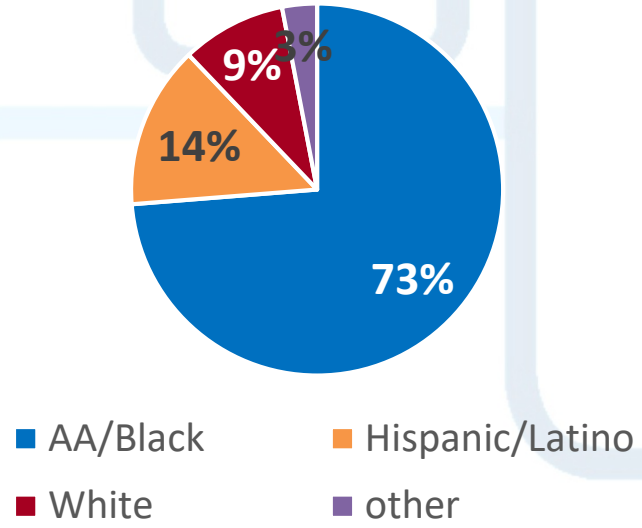
-Appointment wait times

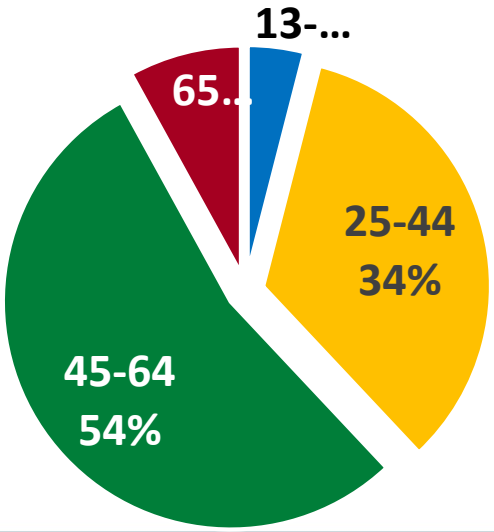
Demographics

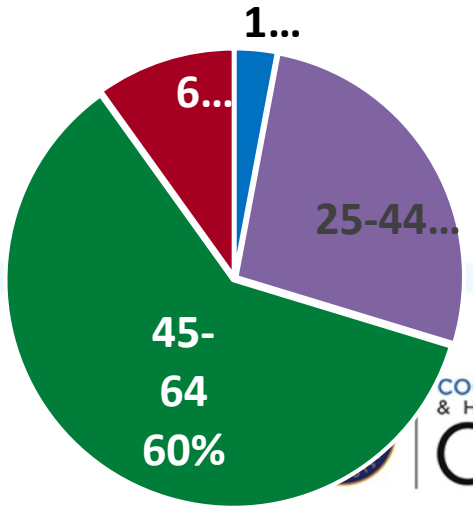
CORE 2018



2018 SURVEY RESPONDENTS

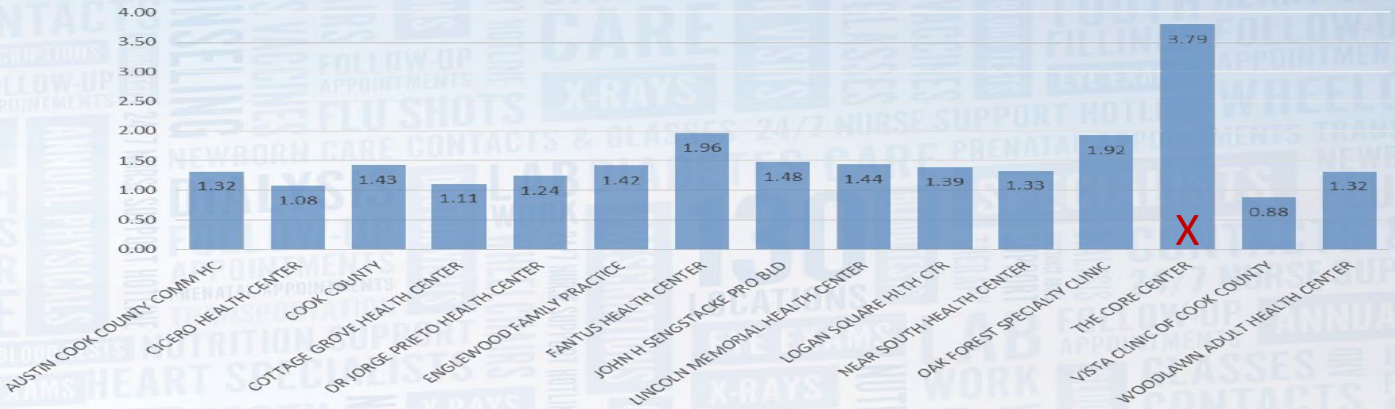






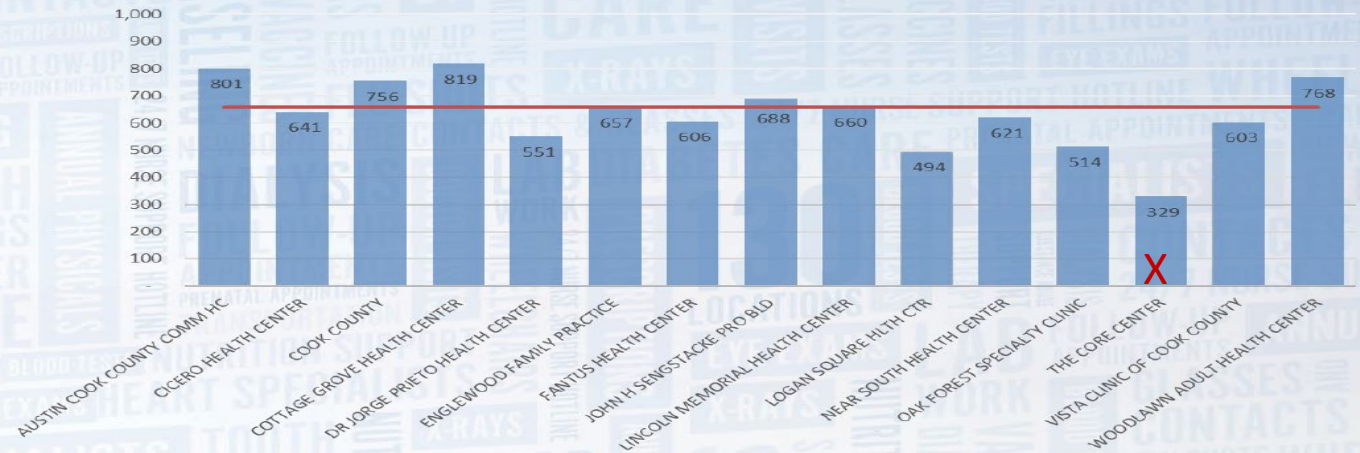
ACHN By the Numbers

Risk Scores



ACHN By the Numbers

Adjusted ED Visits Per Thousand



CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

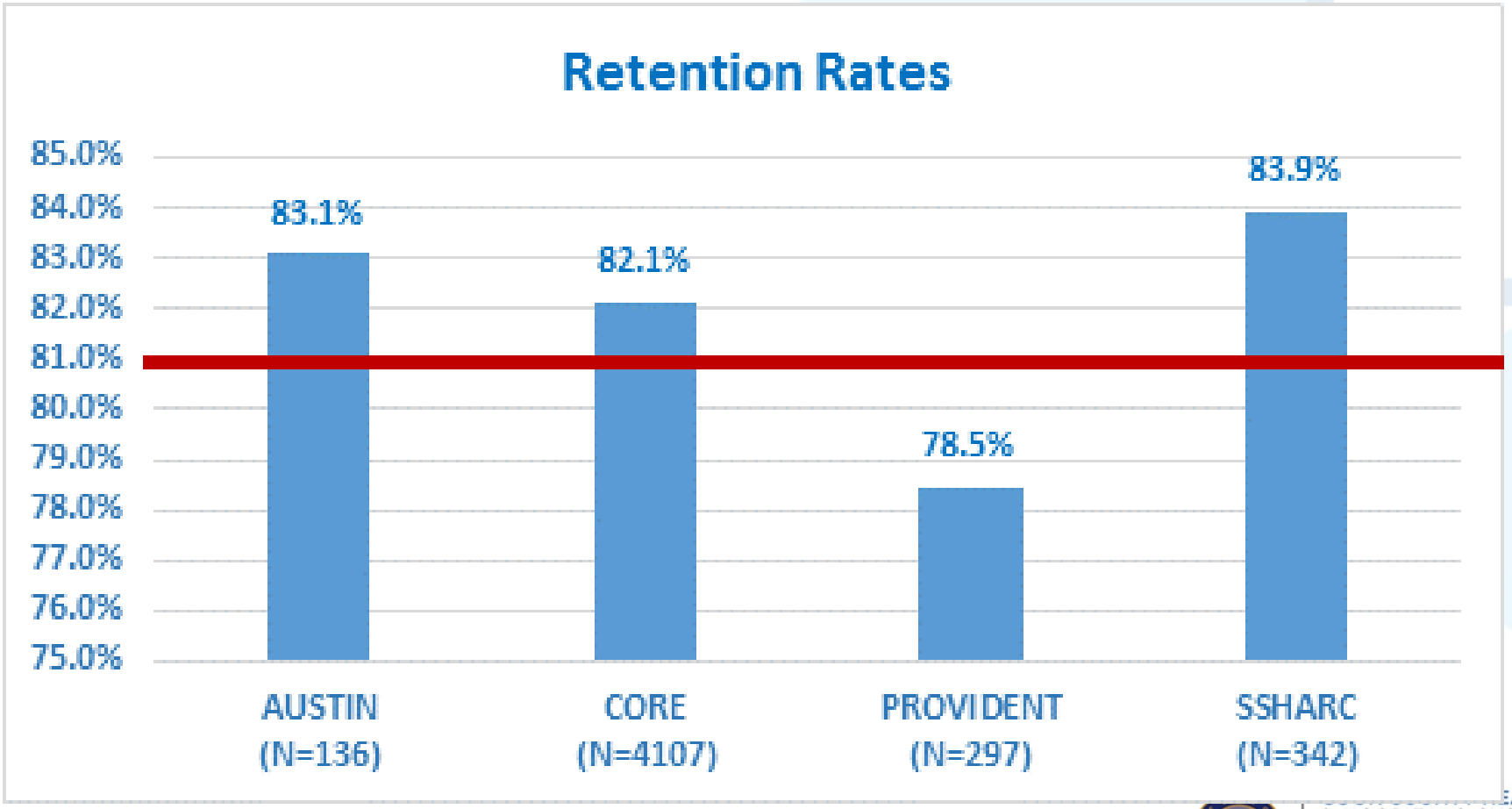
Patient Satisfaction Summary

- Low hospitalization rates despite high complexity of patients supports the need for PCMH with wrap around services.
- Most measures have continued to improve
- We will continue to work on wait times, patient flow.
- Standardized patient satisfaction surveys implemented late 2018 across all CCHIP sites

Retention in Care and Viral Suppression

CCHIP- Retention in Care 2017

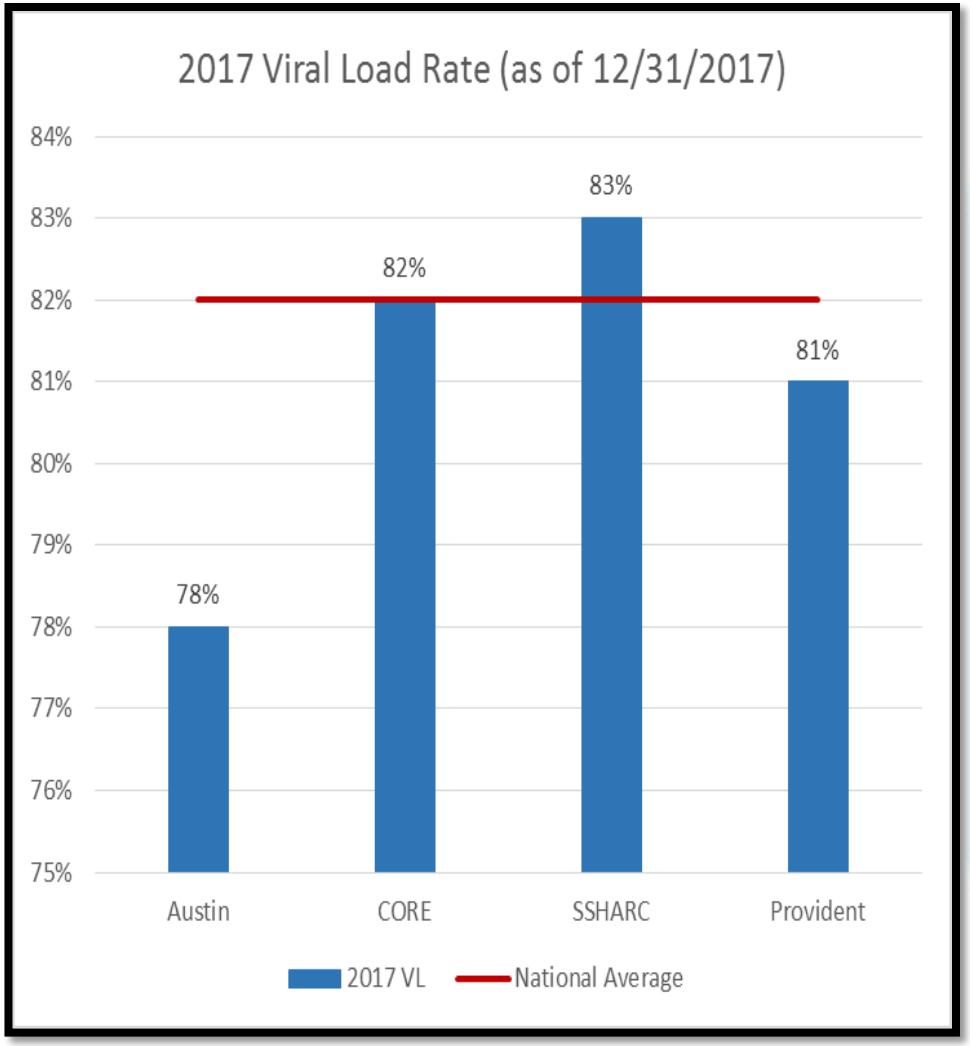
2 primary care visits, 1 in each half and at least 3 months apart



HRSA retention rate 81%

National HIV AIDS Strategy (NHAS) new goal is 90%

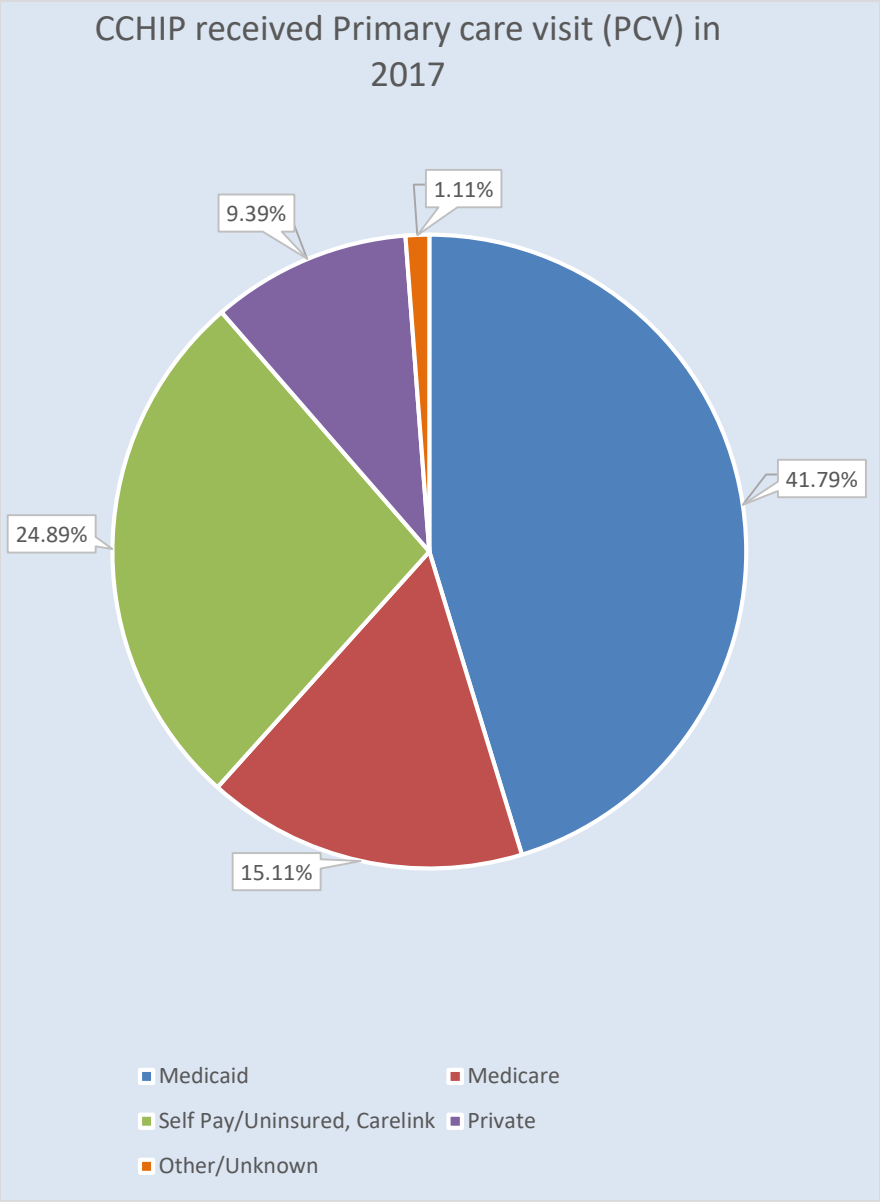
CCHIP- Rates of HIV Viral Suppression

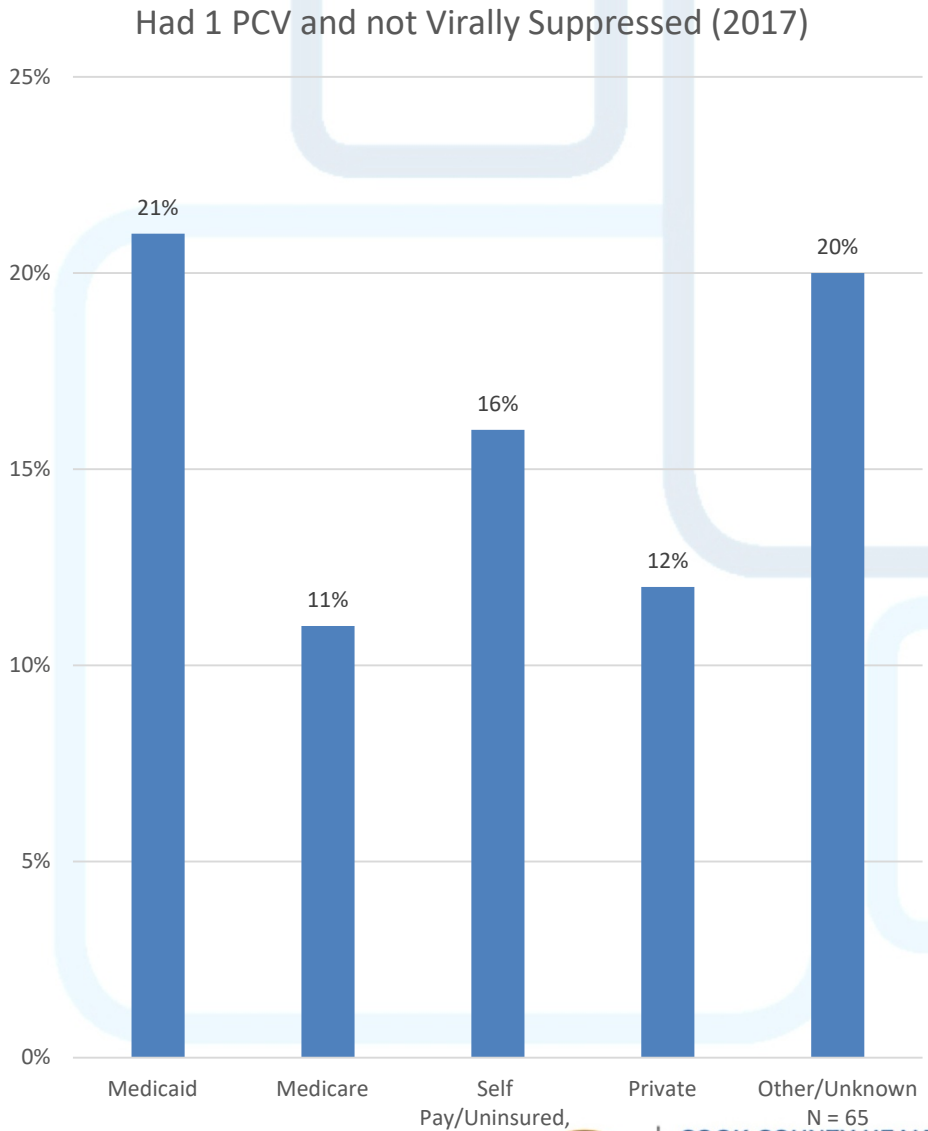


Viral Load Rates are extracted by HRSA defined HAB Performance Measures:

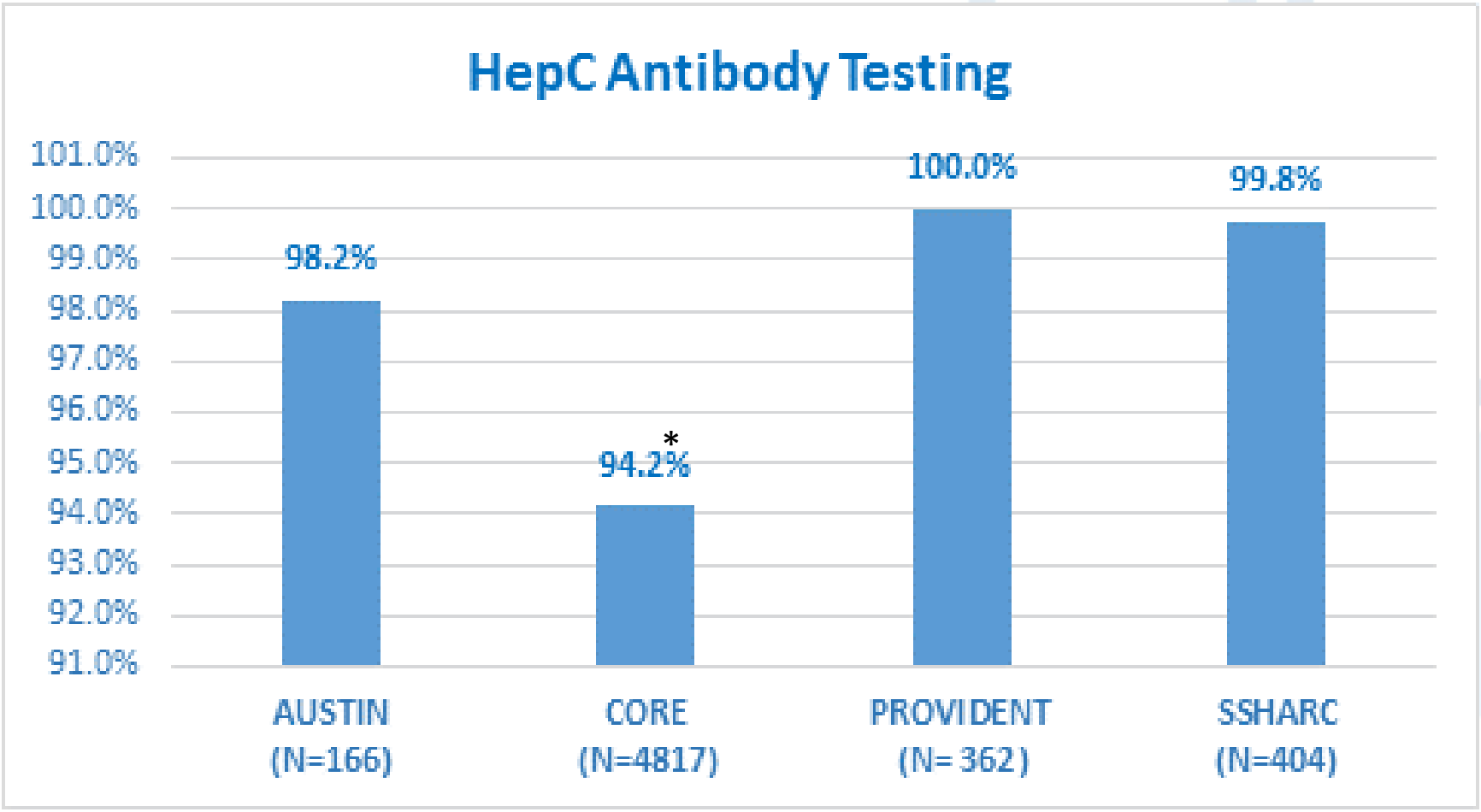
In order for patients to be pulled into the denominator, **the patient has to have had at least one primary care visit** with a provider with prescribing privileges within the past 12 months (this data is as of 12/31/2017).

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS


CCHIP received Primary care visit (PCV) in 2017
1.11%
9.39%
41.79%
24.89%
15.11%
Medicaid
Medicare
Self Pay/Uninsured, Carelink
Private
Other/Unknown


Had 1 PCV and not Virally Suppressed (2017)
25%
20%
15%
10%
5%
0%
21%
11%
16%
12%
20%
Medicaid
Medicare
Self Pay/Uninsured, Carelink
Private
Other/Unknown
N = 65

CCHIP- HCV Testing Rates



* CORE with more patients>15yrs in care, who may have tested +ve in the past

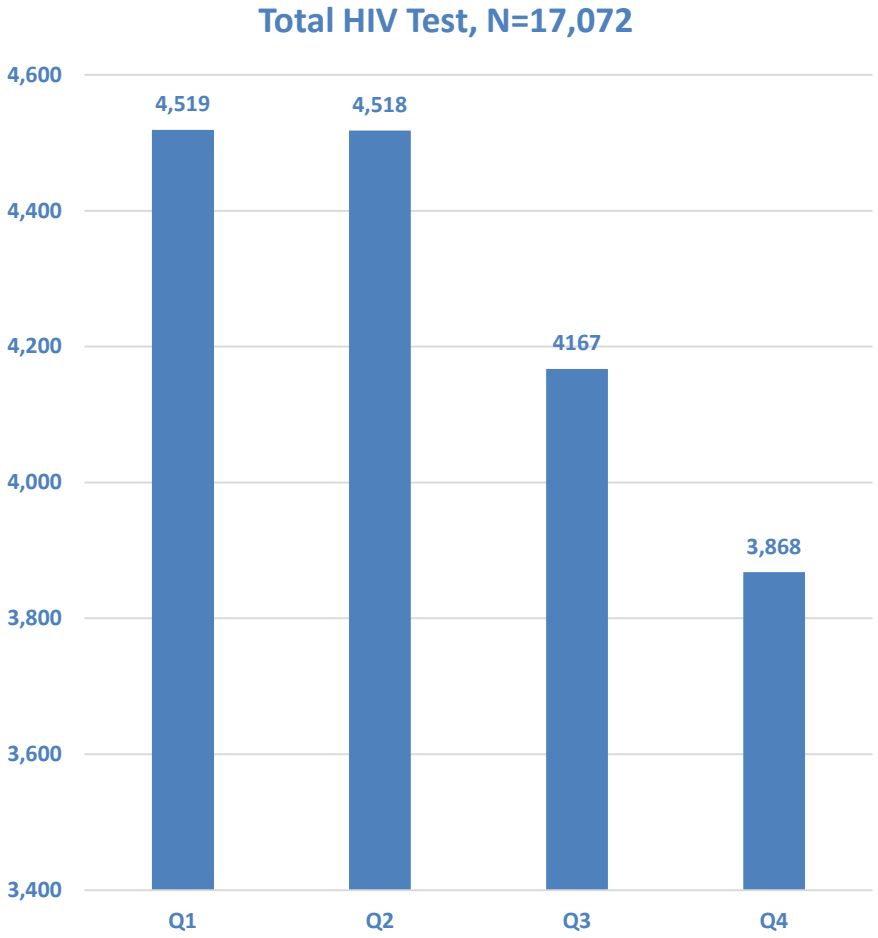
COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

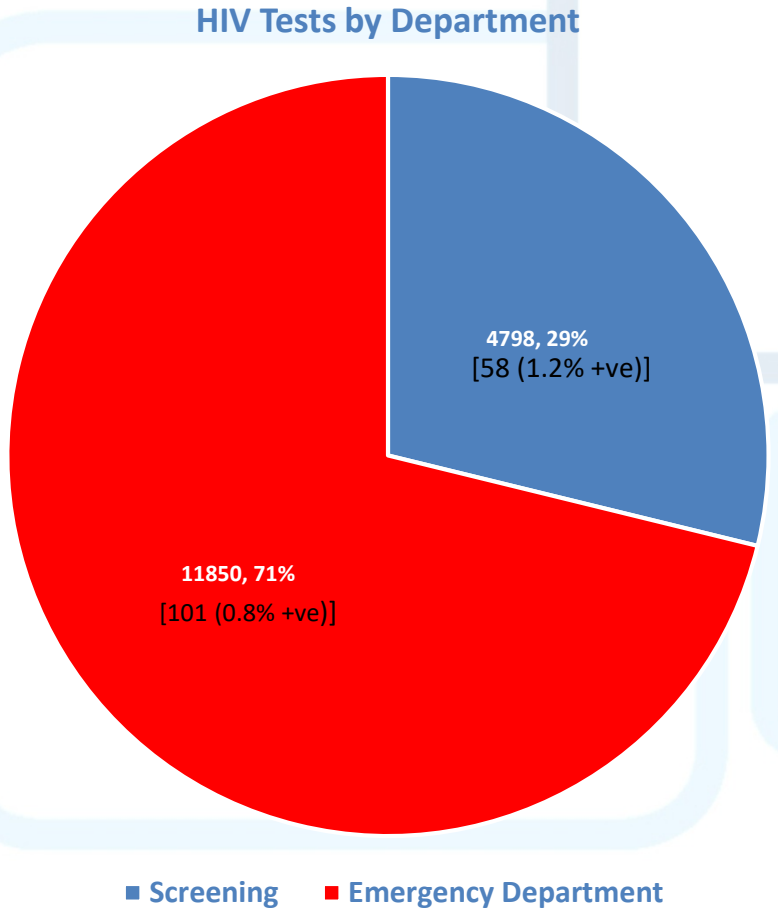
Retention and Viral Suppression Summary

- 82% viral suppression; good but could be better
- Retention rates meeting HRSA goals, short of new NHAS goals
- Retention activities need to be comprehensive, creative, innovative.

- Opportunities to explore and address disparities in viral suppression
- Opportunities to make CountyCare the model health plan for HIV/viral hepatitis /STIs by adopting and reporting HRSA measures
- Systemizing best practices across all HIV treatment sites
- Optimizing linkage and re-engagement for Cermak discharges

HIV Tests 2017: CORE Screening and Emergency Departments (Stroger and Provident)





CORE outreach- performed 470 rapid HIV tests at community events

HIV (Non-ACHN) Screening Initiatives

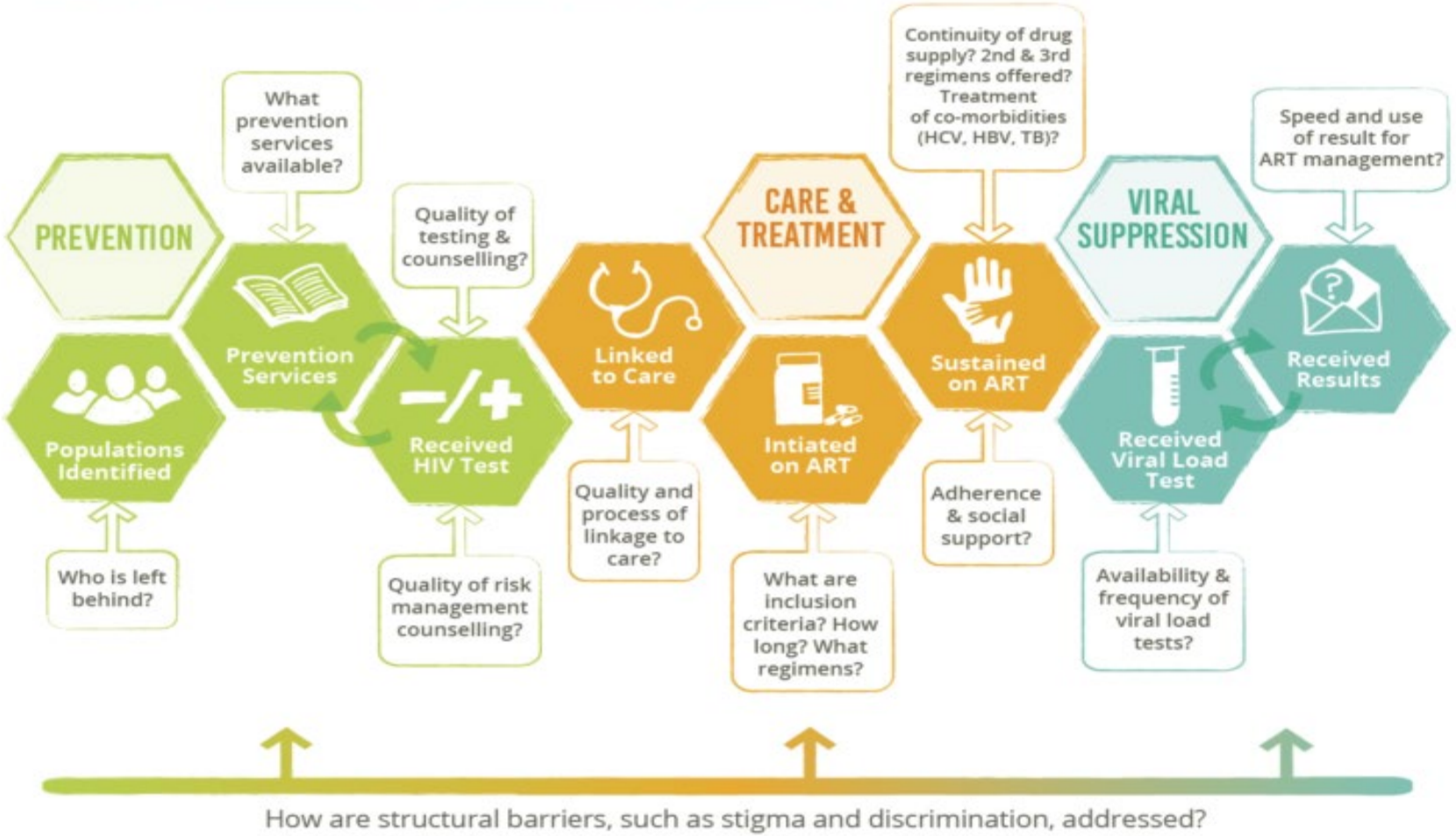
- Need to reach into new community areas to enhance finding new diagnoses
- Using our community events as opportunities to link or re-engage previously known HIV+ lost to care
- Use System data to prioritize testing areas, PreP initiatives
- Work with other community partners to be referral sites for primary and specialty care

To get to ZERO:

& HOSPITALS SYSTEM
CCHHS

ITPC COMMUNITY MONITORING

Along the HIV Continuum of Prevention, Care and Treatment



COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Questions?

ATTACHMENT #4

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

COOK COUNTY HEALTH & HOSPITALS SYSTEM
Medical Staff Services
1900 West Polk Street, Suite 1201
Chicago, Illinois 60612
(O) 312-864-0458 (F) 312-864-9658
www.cookcountyhhs.org

Deb Santana
Secretary to the Board
Cook County Health & Hospitals System

Date: November 14, 2018

Dear Members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr Hospital of Cook County at its monthly meeting held on November 13, 2018, approved the attached list of medical staff items for your consideration.

Thank you very much.

Respectfully submitted,

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County

TO: **Quality and Patient Safety Committee**

FROM: **Trevor Lewis, MD**
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee.**

Medical Staff Appointments/Reappointments Effective November 16, 2018 Subject to Approval by the CCHHS Quality and Patient Safety Committee.

Initial Physician Applications:

Name	Category	Department / Division	Appointment Term
Bhat, Gifty MD	Voluntary	Pediatrics/ Genetics	November 16, 2018 thru November 15, 2020
Pico, Jorge MD	Active	Family Medicine	November 16, 2018 thru November 15, 2020
Syres, Kimberly MD	Voluntary	Trauma	November 16, 2018 thru November 15, 2020
Wyrebek, Rita MD	Active	Pediatrics	November 16, 2018 thru November 15, 2020

Reappointment Applications Physicians:

Department of Anesthesiology

Name	Category	Division	Reappointment Term
Moncayo, Ruth MD	Active	Pain Mgmt	December 9, 2018 thru December 8, 2020

Department of Emergency Medicine

Name	Category	Division	Reappointment Term
Guerrero, Pilar MD	Active		December 18, 2018 thru December 17, 2020
Gussow, Leon MD	Voluntary	Toxicology	December 16, 2018 thru December 15, 2020

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 16, 2018

Department of Family Medicine

Name	Category	Division	Reappointment Term
Ikedionwu, Chukwueloka, MD	Active		November 18, 2018 thru November 17, 2020

Department of Medicine

Name	Category	Division	Reappointment Term
Albrecht, Joerg, MD	Active	Dermatology	January 23, 2019 thru January 22, 2021
Hassan, Sobia, MD	Voluntary	Rheumatology	December 6, 2018 thru December 5, 2020
Rivas Chicas, Oscar A. MD	Active	Gastroenterology	January 18, 2019 thru January 17, 2021
Sengupta, Mondira, MD	Active	Rheumatology	January 17, 2019 thru January 16, 2021
Singleton, Lafayette, MD	Active	Neurology	December 18, 2018 thru December 17, 2020
Smith, Pamela, MD	Active	General Medicine	November 13, 2018 thru November 12, 2020
Turner, Arnold, MD	Affiliate	General Medicine	December 6, 2018 thru December 5, 2020

Department of Pathology:

Name	Category	Division	Reappointment Term
Braniecki, Marylee MD	Consulting	Clinical Pathology	December 09, 2018 thru December 08, 2020
Harper, Terrence MD	Consulting	Autopsy Pathology	December 18, 2018 thru December 17, 2020

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Khan, Salman MD	Active		December 11, 2018 thru December 10, 2020
Mantis, Stelios MD	Voluntary	Endocrinology	December 09, 2018 thru December 08, 2020
McConnie, Randolph MD	Voluntary	Gastroenterology	December 18, 2018 thru December 17, 2020
Mydam, Janardhan MD	Consulting	Neonatology	December 06, 2018 thru December 05, 2020

Department of Radiology:

Name	Category	Division	Reappointment Term
Luka, Lance MD	Active		December 06, 2018 thru December 05, 2020
Tailor, Kallolini MD	Active		December 31, 2018 thru December 30, 2020

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 16, 2018

Department of Surgery:

Name	Category	Division	Reappointment Term
Abcarian, Herand, MD	Voluntary	Colon/Rectal	January 20, 2019 thru January 19, 2021
Byrne, Richard W., MD	Consulting	Neurosurgery	January 20, 2019 thru January 19, 2021

Chan, Edie Y., MD	Voluntary	General Surgery	January 23, 2019 thru January 22, 2021
Greenberg, David M., MD	Consulting	Ophthalmology	December 09, 2018 thru December 8, 2020
Keen, Richard R., MD	Active	Vascular Surgery	December 15, 2018 thru December 14, 2020
Traynelis, Vincent C., MD	Active to Consulting	Neurosurgery	January 20, 2019 thru January 19, 2021

Department of Trauma:

Name	Category	Division	Reappointment Term
Dennis, Andrew DO	Active	Burn	December 9, 2018 thru December 8, 2020
Kaminsky, Matthew MD	Active		December 9, 2018 thru December 8, 2020

Additional Clinical Privileges:

Name	Category	Department/ Division
Barron, Anastasia DO	Active	Radiology-Nuclear Medicine
Koeck, Emily, MD	Voluntary	Trauma- Surgery/General Surgery
Kramer, Kristina, MD	Voluntary	Trauma– Surgery/General Surgery

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 16, 2018

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Barnes, Brenda PA-C	Physician Assistant	Emergency Medicine	December 9, 2018 thru December 8, 2020
Burgess, Phyllis CNS	Clinical Nurse Specialist	Pediatrics	December 06, 2018 thru December 05, 2020
Butler, Mary Ellen, Psy.D.	Clinical Psychologist	Psychiatry	February 17, 2019 thru February 16, 2021
Briney, Kimberly, Psy.D.	Clinical Psychologist	Psychiatry	January 22, 2019 thru January 21, 2021
Cahillane, Martin PA-C	Physician Assistant	Correctional Health Svcs Med Surg	November 16, 2018 thru November 15, 2020
Chillis, Nikya PA-C	Physician Assistant	OB-Gyn	December 5, 2018 thru December 4, 2020
Davis, Barbara PA-C	Physician Assistant	Correctional Health Svcs Med Surg	December 5, 2018 thru December 4, 2020
Foley, Colleen CNP	Nurse Practitioner	Medicine/Infectious Disease	January 20, 2019 thru January 19, 2021
Francis, Regeena, CNP	Nurse Practitioner	Medicine/Cardiology	January 20, 2019 thru January 19, 2021
Gallagher, Maureen, CNP	Nurse Practitioner	Medicine/Infectious Disease	December 8, 2018 thru December 7, 2020
Galvez, Edgardo, CNP	Nurse Practitioner	Medicine/General Medicine	December 9, 2018 thru December 8, 2020
Gross, Israel Ph.D.	Clinical Psychologist	Psychiatry	January 19, 2019 thru January 18, 2021
Jackson, Rachel CNP	Nurse Practitioner	Pediatrics	December 09, 2018 thru December 08, 2020
Joseph, Elsy CNP	Nurse Practitioner	Psychiatry	December 08, 2018 thru December 07, 2020
Knowles, Patricia A. CNP	Nurse Practitioner	Colon/Rectal	January 20, 2019 thru January 19, 2021
Novak, Mary Frances CRNA	Nurse Anesthetist	Anesthesiology	December 9, 2018 thru December 8, 2020
Nwawueze, Josephine CNP	Nurse Practitioner	Family Medicine	December 05, 2018 thru December 04, 2020
Patel, Manisha PA-C	Physician Assistant	Correctional Health Svcs Med Surg	December 05, 2018 thru December 04, 2020
Pena, Marilou L., CNP	Nurse Practitioner	Surgery/Neurosurgery	January 20, 2019 thru January 19, 2021
Rogowski, Wendy, PA-C	Physician Assistant	Medicine/Hematology/Oncology	December 9, 2018 thru December 8, 2020
Tapia, Karla PA-C	Physician Assistant	Family Medicine	December 06, 2018 thru December 05, 2020

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ON NOVEMBER 16, 2018

Non-Physician Additional Clinical Privileges:

Name	Department/ Division	Request
Ciennik, Elizabeth PA-C	Emergency Medicine	Delegated Prescriptive Authority

Agreements Changes/Additions:

Name	Category	Department / Division
Mathew, Chary, CNP	Nurse Practitioner	Surgery/Urology
Piszczatowski, Marek, CNP	Nurse Practitioner	Medicine/Infectious Disease

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COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

COOK COUNTY HEALTH & HOSPITALS SYSTEM
1900 West Polk Street, Chicago, Illinois 60612
www.cookcountyhhs.org (312) 864-6000

Deborah Santana
CCHHS Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

November 9, 2018

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on November 9, 2018 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Valerie Hansbrough, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County

TO: Quality and Patient Safety Committee

FROM: Valerie Hansbrough, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 11/9/2018

Medical Staff Appointments/Reappointments Effective November 16, 2018 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Applications:			
Name	**Category**	**Department / Specialty**	**Appointment Term**
Babaran, Wesley, MD	Affiliate	Internal Medicine	November 16, 2018 thru November 15, 2020
Davis, Carolyn, MD	Affiliate	OB/GYN	November 16, 2018 thru November 15, 2020
Shah, Biraj M., DDS	Affiliate	Surgery/Oral & Maxillofacial	November 16, 2018 thru November 15, 2020

New Business: Reapplications

Department of Internal Medicine:			
Name	**Category**	**Department/Specialty**	**Appointment Term**
Attar, Bashar, M., MD	Affiliate	Gastroenterology	February 17, 2019 thru February 16, 2021
Nagubadi, Swamy, MD	Affiliate	Pulmonary	January 19, 2019 thru January 18, 2021

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Department of Radiology:			
Name	**Category**	**Department/Specialty**	**Appointment Term**
Luka, Lance J., MD	Affiliate	Radiology	December 6, 2018 thru December 5, 2020

Department of Surgery:			
Name	**Category**	**Department/Specialty**	**Appointment Term**
Greenberg, David M., MD	Affiliate	Ophthalmology	December 6, 2018 thru December 5, 2020
LaVeau, Robert J., DPM	Affiliate	Podiatry	November 16, 2018 thru November 15, 2019
Totonchi, Emil F.H., MD	Voluntary	Urology	January 19, 2019 thru January 18, 2021
Williams, Kenya M., MD	Affiliate	Ophthalmology	January 20, 2019 thru January 19, 2021

Reapplications Non-Physician Appointment:			
Name	**Category**	**Department/Specialty**	**Appointment Term**
Gross, Israel Ph.D.	Clinical Psychology	Psychiatry	January 19, 2019 thru January 18, 2021
Joseph, Elsy CNP	Clinical Psychology	Psychiatry	December 8, 2018 thru December 7, 2020
Shah, Chandrika H., PA-C	Physician Assistant	General Surgery/Urology	December 9, 2018 thru December 8, 2019

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ON NOVEMBER 16, 2018